

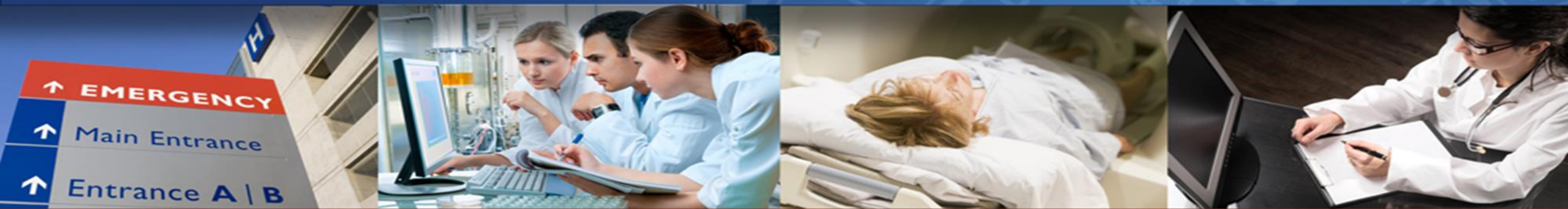
Welcome

2019 eHealth Summit





KHIE
KENTUCKY HEALTH
INFORMATION EXCHANGE





KENTUCKY

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.

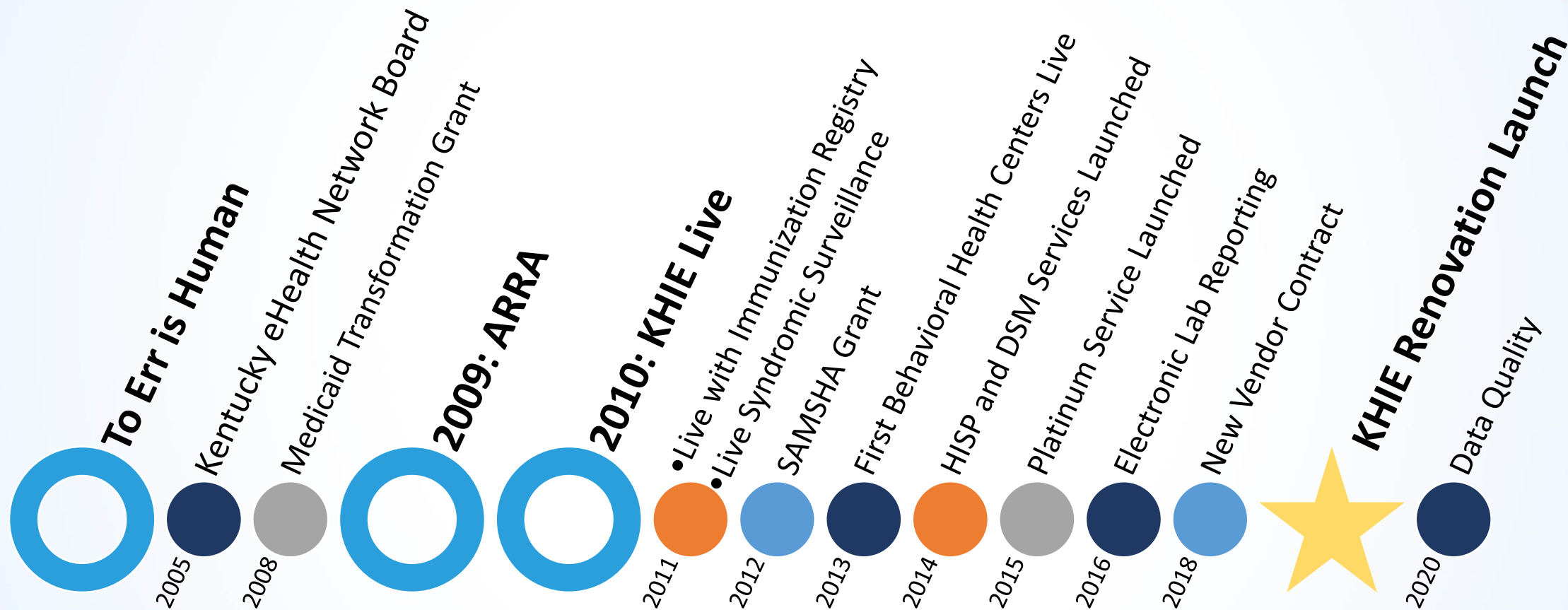


CHFS

KENTUCKY
Cabinet *for Health and*
Family Services

KHIE

How'd We Get Here?



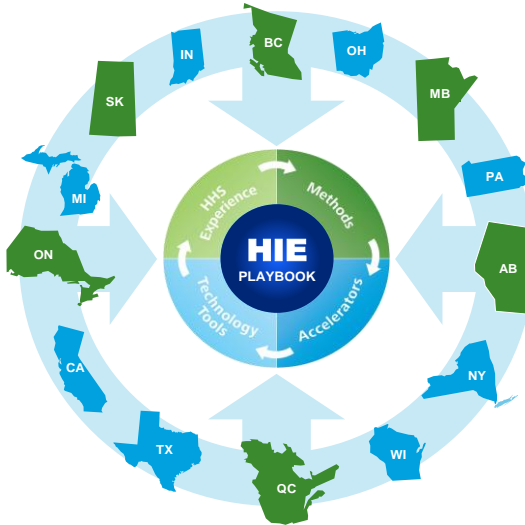
HealthInteractive HIE Approach



The Deloitte HealthInteractive HIE Approach

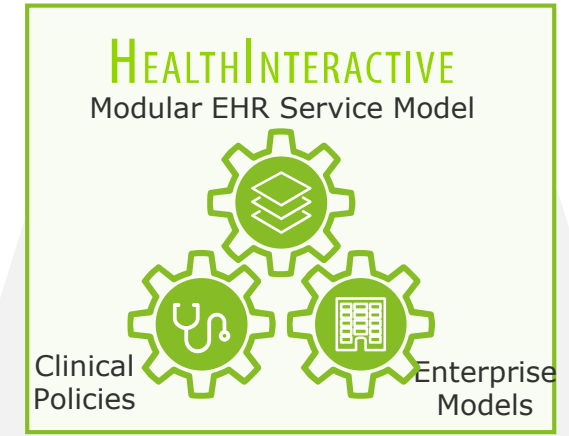
Leading Models powering Clinical Integration

- **5,000+** health care consulting professionals (**1,500+** technologists)
- **200+** health care SI clients, **19/21** largest healthcare systems globally
- **Global leader** in health care and life sciences
- **50+** years serving public sector clients



Deloitte HealthInteractive for HIE

- **7 State/Province HIALs / 10+ Regional exchanges** across the team
- **National and State-wide Digital Health Strategies**
- **Integrated 220 hospitals** with State-wide DI solution in **under 12 months**
- Focus on realizing the **Business and Clinical value** of health integration



HEALTHINTERACTIVE



National / State Standards



Highest Scalability / Performance



Policy Driven & Pattern Based



Optimize Onboarding & Conformance



Integrated Mgmt. & Governance



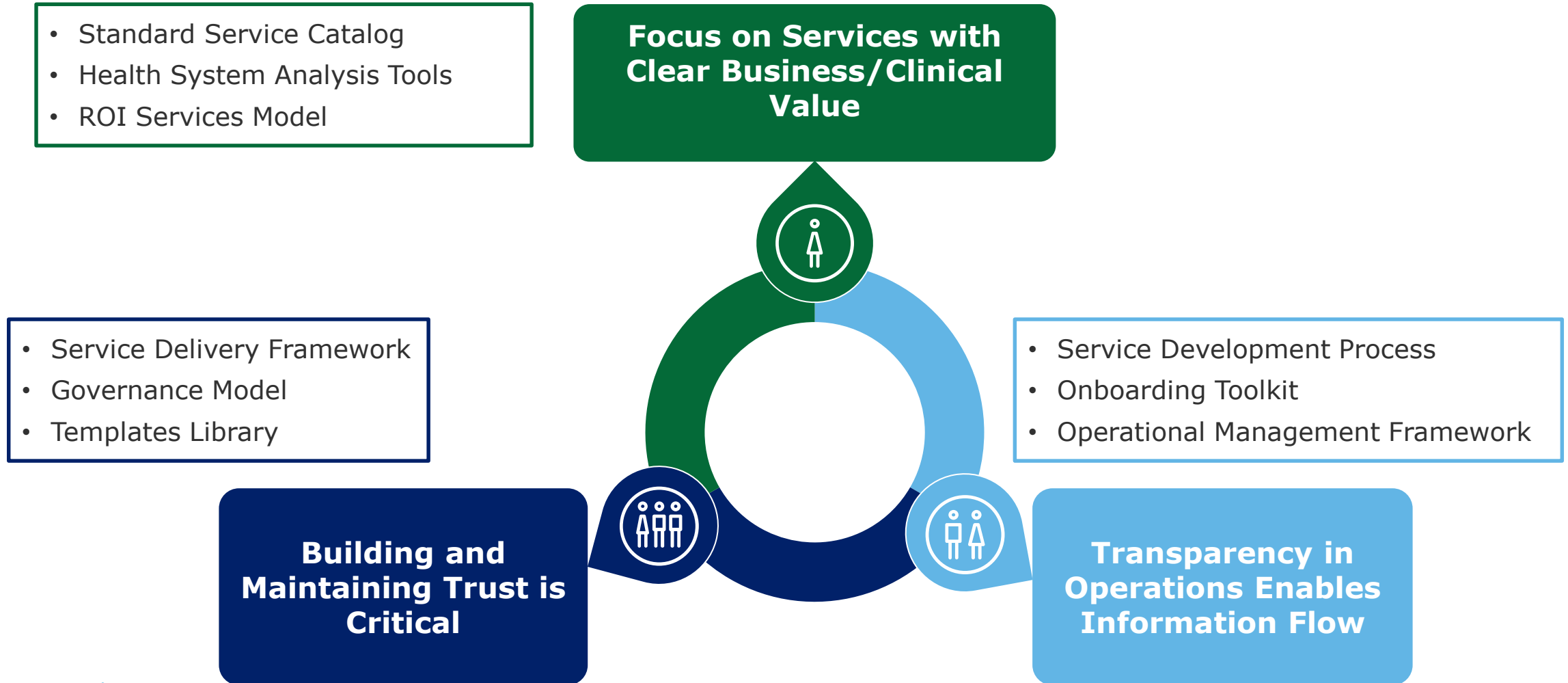
End to End Operations / Support

Deloitte.
HEALTHINTERACTIVE



HealthInteractive HIE Approaches and Accelerators

The Foundation of HIE success are grounded in three core principles



The Deloitte Team Present Today



Anoop Pant
Project Director



Charles Aram
Product Manager



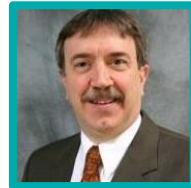
Russ Ott
CCD/HL7 Specialist



Tony Jurek
HealthInteractive
Health Providers
Lead



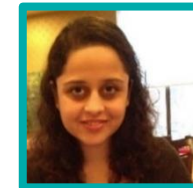
David Belof
HealthInteractive
Global Product Lead



Bari Faudree
Security Lead



Kiran Maringanti
Development Lead



Prachi Avalaskar
Testing Lead



Dr. Mark Snyder
Physician Advisor



Rosanne Fleury
Product Manager



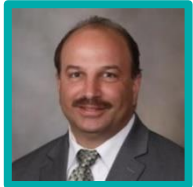
Tom Madden
Security Advisor



Lanne Relland
Platform Architect



Laura Combs
Communications
Lead



Alan Vitale
Data Specialist



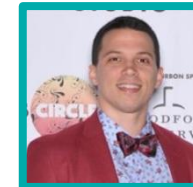
Brennen Schmidt
User Experience



Amit Patil
Security Advisor



Ashutosh Singh
Platform Architect



Matt Alward
Communications



Benson Chang
HL7 Specialist



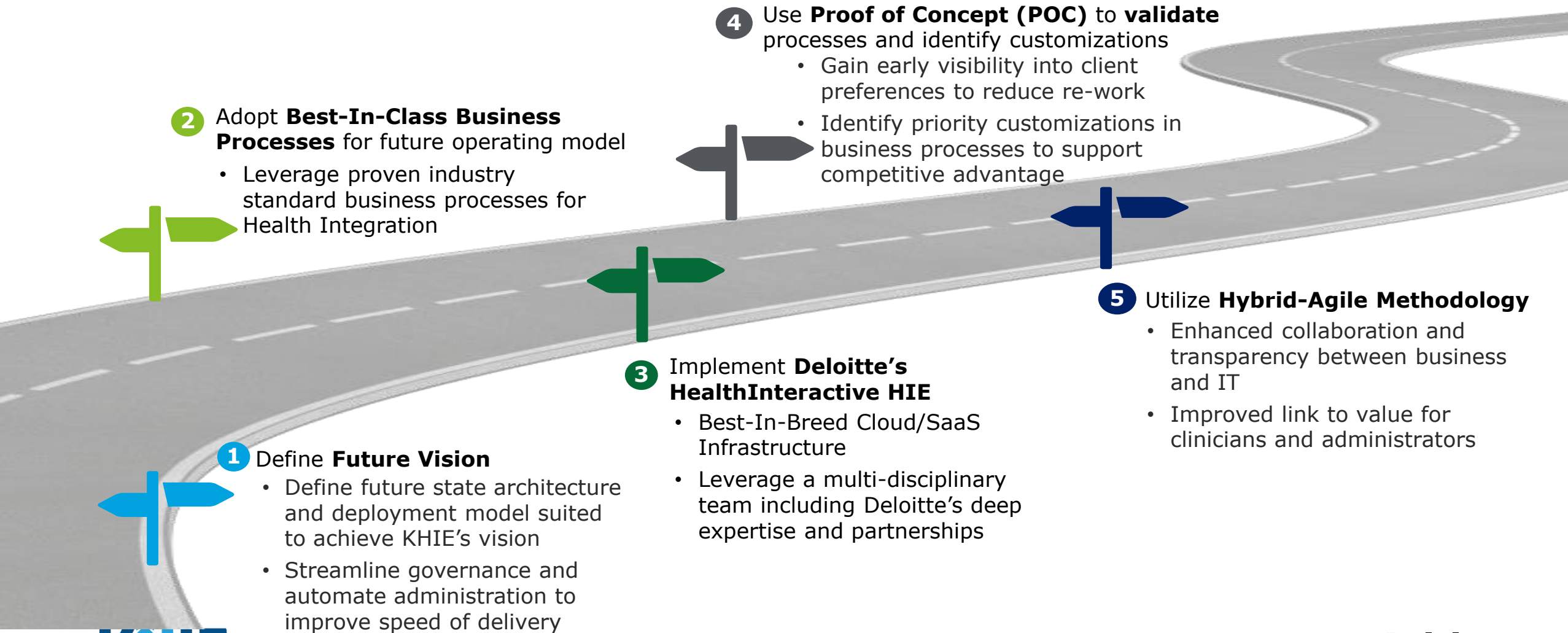
Jeet Sinha
Data Migration Lead

Implementation Journey



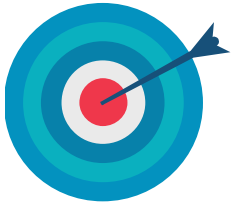
Embarking on Change within a Health Care Setting is Complex

KHIE's approach is business-led and technology-enabled to bring both the Business and IT together on the journey



Completion of Phase 1

We completed core build and pilot go-lives for Phase 1 in just 14 months



Setting our priorities...

And connecting our strengths to our clients needs

Multiple Types of Data Available

- KHIE Summary Continuity of Care Document (CCD)
- Medicaid Claims Data CCD
- Prescription Drug Monitoring Program (PDMP)

Several Channels to Exchange Information

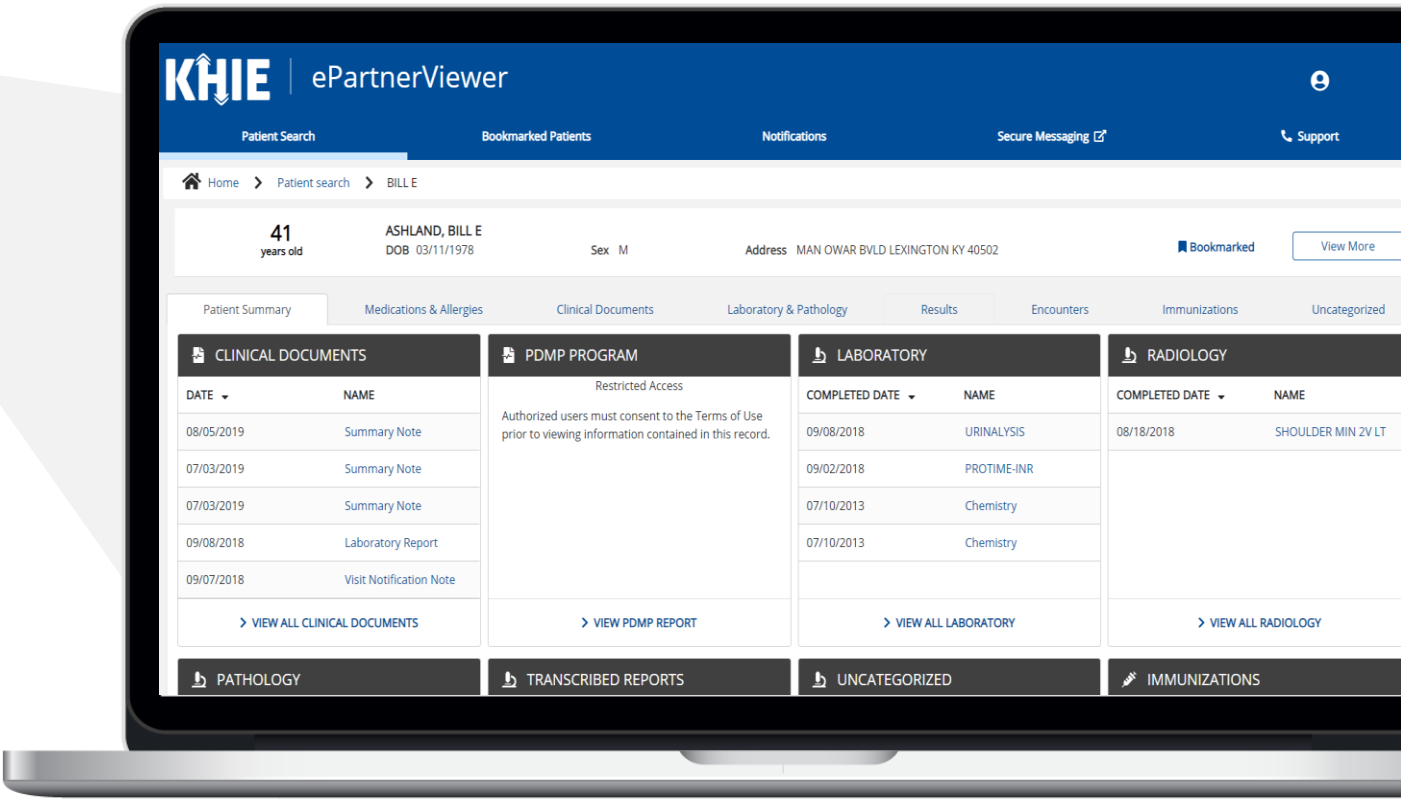
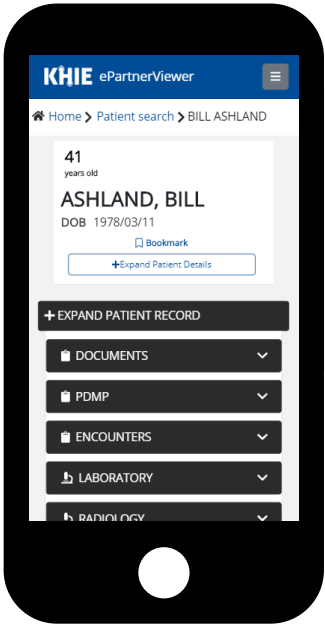
- KHIE's Provider Portal, the ePartnerViewer
- IHE Bi-directional Queries
- Improved Master Patient Index (MPI)
- Clinical Notifications
- Direct Secure Messaging

Serving the Broader Health System

- NEDSS
- BioSense
- Immunization Registry
- Opioid Query

Video: the ePartnerViewer

- ✓ Leverages responsive design, optimizing the display of key clinical data on the user's chosen device
- ✓ Enables access to key clinical information to facilitate the delivery of improved health outcomes for Kentuckians



Any time access to digital services, using a provider's device of choice.

All examples and screenshots are simulated with mock data; no Protected Health Information (PHI) is present

Several Pathways to Access Data

As data is becoming the new health care currency, digital interconnectivity is key

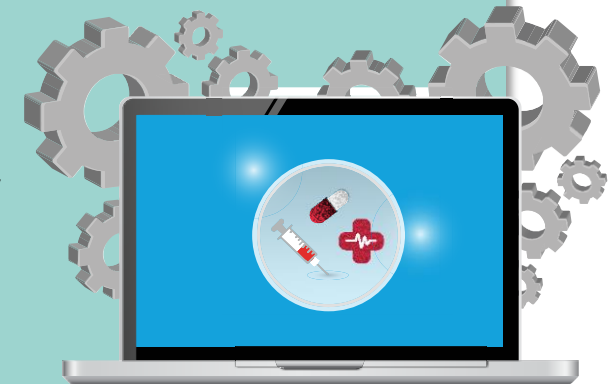
verato

Master Patient Indexing (MPI)

- Referential Matching may automatically match patient records even in if information is out-of-date, incorrect, incomplete, or inconsistent
- 99% of the toughest potential matches are resolved compared to 88-90% with traditional EHR, MPI, and MDM technologies
- Patient matching is historically a time consuming and manual process
- Addresses issue of redundant medical tests due to inaccurate clinical data

IHE Bi-directional Queries

- Coordinate use of establish standards to address specific clinical needs in support of optimal patient care
- Better communication, easier to implement, and enable care providers to use patient information more effectively
- Submit and query patient data from not only the HIE database but also the data made available from participating XCA communities



Multiple Types of Data Available

Resources to support appropriate care coordination decisions



KHIE Summary CCD

- Provides a comprehensive summary for a given patient, organized by clinical domain, using clinical information sourced from all of KHIE's Participants
- Conforms to national standards, making Allergies, Problems, and Medications data easy to ingest into your local EHR through its reconciliation module

Medicaid Claims Data CCD

- Provides a comprehensive summary for a given patient, organized by clinical domain, using Medicaid claim records
- Offers a more exhaustive view of a patient's care history, by going beyond the large provider organizations that are KHIE Participants

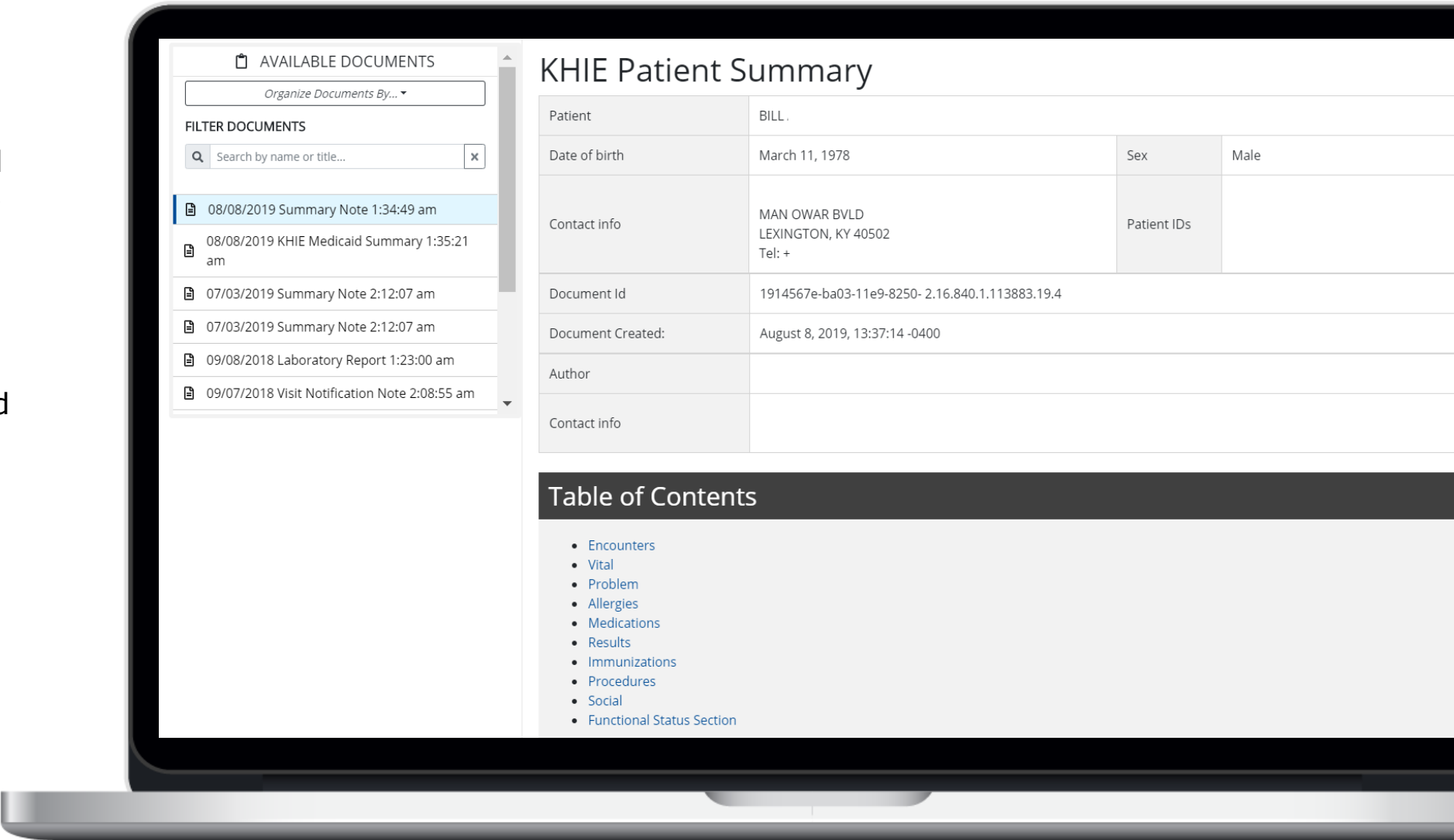


Prescription Drug Monitoring Program (PDMP)

- Aligns to CMS's Promoting Interoperability incentive program Query of Prescription Drug Monitoring Program (PDMP)
- Dramatically simplifies PDMP integration by providing KASPER data as a simple report available through document searches

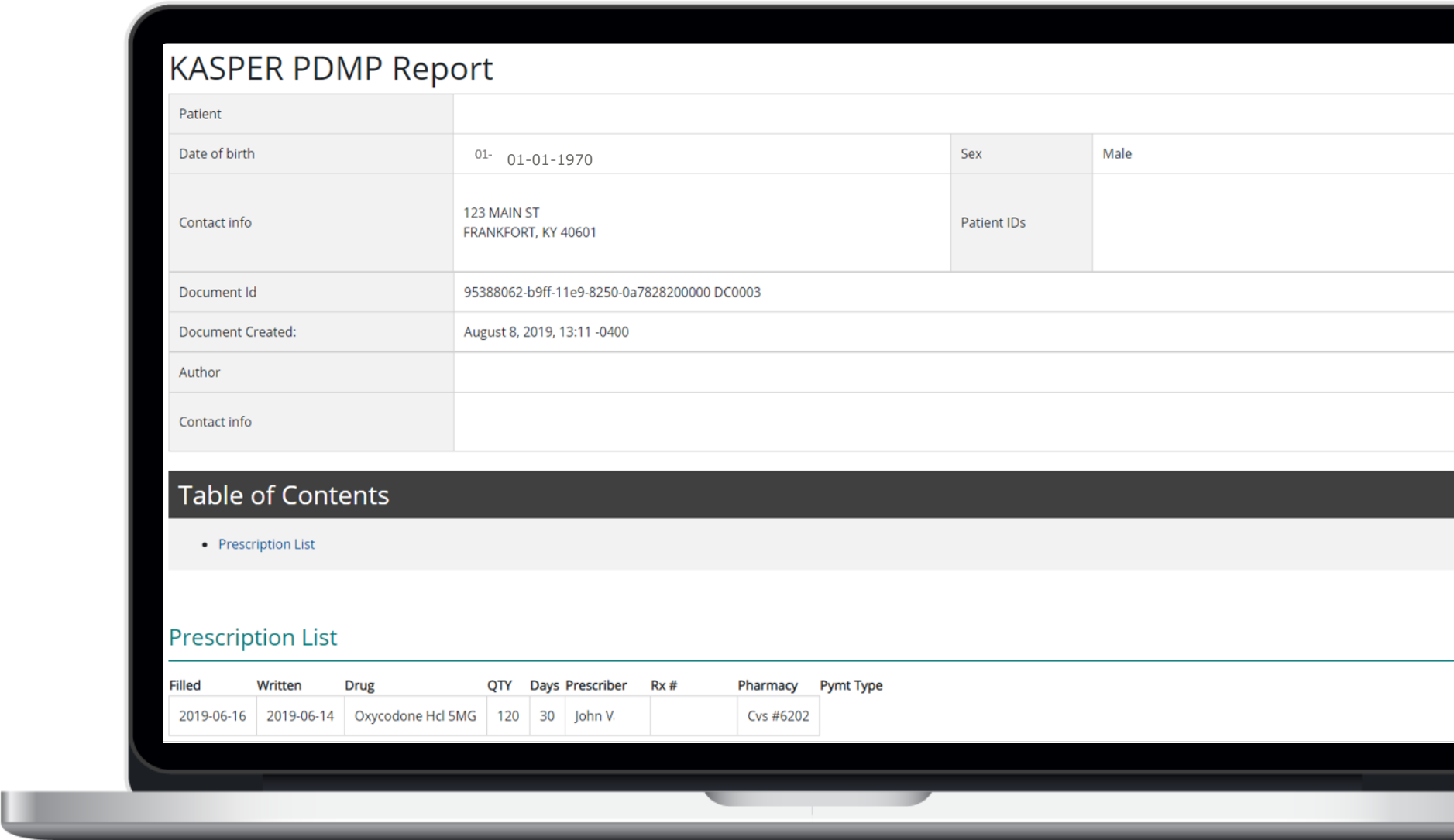
Sample KHIE CCD in the ePartnerViewer

- ✓ Includes the full set of clinical data KHIE has on the patient, including data retrieved from KHIE Participants
- ✓ Duplicated data is removed and the source system for each clinical detail is indicated



Sample KASPER Report in the ePartnerViewer

Authorized KASPER users are able to access KASPER reports in the ePartnerViewer



Serving the Broader Health System

Assist health care providers in accessing public health data to improve clinical decision-making

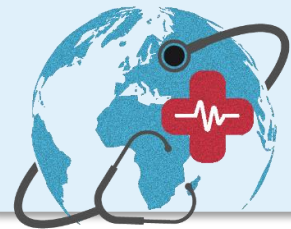


Opioid Query

- KHIE monitors all patient records for indicators of opioid usage
- Shares findings with KASPER to assist with statewide abuse monitoring and prevention

Immunization Registry

- Centralizes and simplifies submission of Immunization records to the Kentucky Immunization Registry (KYIR) for KHIE Participants
- Patient immunization records retrieved are included in the Summary CCD



BioSense

- Share patient diagnoses and other measurements to support early detection and rapid assessment of population health concerns
- KHIE streamlines the integration process for the KHIE Participants

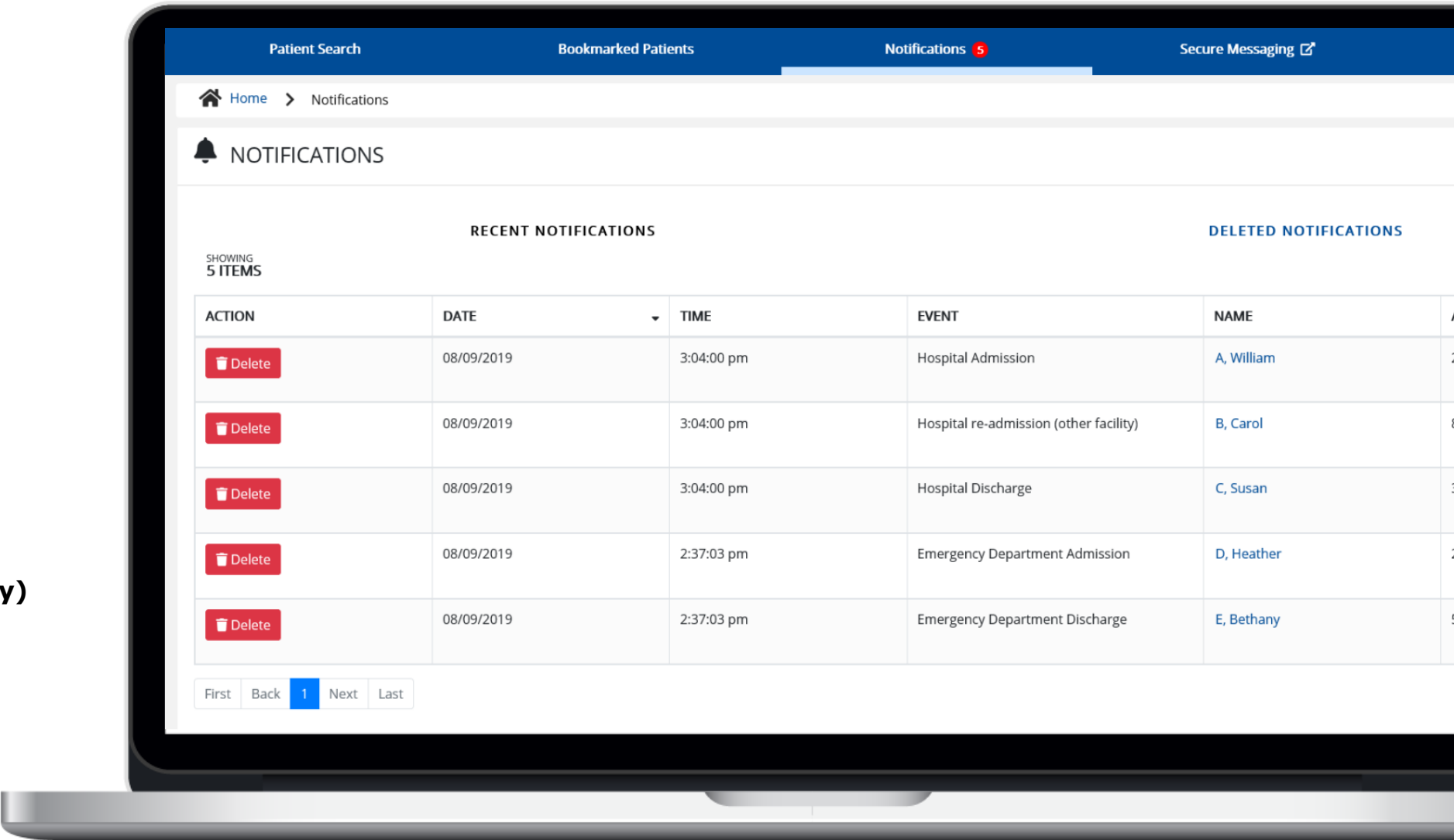
NEDSS

- Shares reportable lab findings to detect disease outbreaks early and potentially help prevent the disease(s) from spreading
- KHIE streamlines the integration process for the KHIE Participants



Video: Event Notifications

- ✓ Messages can go into a Participants EMR via a direct interface or be displayed in the ePartnerViewer
- ✓ Notifications are based on pre-determined rules for 5 event types:
 - ✓ **Emergency Department Admission**
 - ✓ **Emergency Department Discharge**
 - ✓ **Hospital Admission**
 - ✓ **Hospital Discharge**
 - ✓ **Re-admission (other facility)**



Upcoming Features



Upcoming Features

Knowing where our Participants are heading and connecting our strengths to our Participant's needs

Clinical Notification Expansion

KHIE will support management of the Patient and Provider relationships and enable provider users to filter select notifications for patients linked to them

Cancer Registry

Data will automatically be passed to the Cancer Registry when KHIE receives records that meet qualifying criteria

Additional PDMP Channels

Increase access to the PDMP information via QBP and NCPDP standards

Patient Centered Data Home (PCDH)

Clinicians will have access to patient data even when patients receive care in other states, enabled by the exchange of data between KHIE and other state HIEs

Electronic Clinical Quality Measures (eCQM)

Automatic forwarding of clinical quality measures to state level registries as well as reporting capabilities for monitoring eCQM messages



With the new KHIE Platform, Kentucky Health Care professionals will now have...

A transparent environment you can **TRUST**;
TRUST the Data is *Available*
TRUST the Data is *Accurate*
TRUST the Data is *Secure*
TRUST the Data is *Easy to Use*
TRUST the Data is *Being Used Appropriately*

The **capability** to bring the right data to the right places at the right time for Kentuckian's, and facilitate the interactions of KY's healthcare organizations.

A platform that **goes beyond** the technical processing of documents and messages to one focused on clinical effectiveness, operational efficiencies, and administrative simplification.

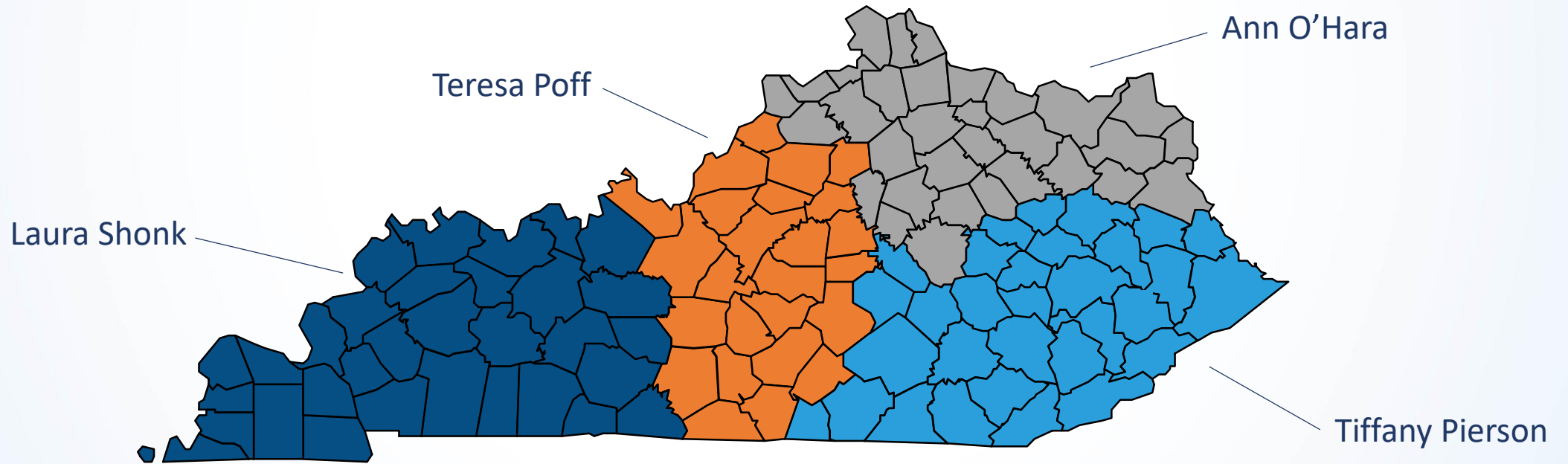
The tools to be prepared for the **ever changing** technological, clinical, and regulatory climate.



Next Steps



- Connect with your Outreach Coordinator
- Sign an updated Participation Agreement and Appropriate Addendums





KENTUCKY

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.

Interoperability: The True Clinical Picture

David E. Danhauer, MD, FAAP
System VP / CMIO
Owensboro Health

Interoperability: The True Clinical Picture



Interoperability: The True Clinical Picture

- History:

- Bulletin Boards
 - 1980-90's

```
:E:T:K:C:B:X: 1200 00:00:14
Image BBS SubSystems:
BB...BBS Listings
EM...Electronic Mail (E-Mail)
MF...Movie Files
NF...News Files (System News)
PF...Program Files (On-Line Games)
RF...RLE Files (Hi-Res Graphics)
SB...Subboards (Message Base)
TF...Text Files
UD...Upload Download Libraries
UL...User Listing
UX...Full Disk Exchange Libraries
VB...Voting Booth

More?: Yes!

Other Available Commands
C...Chat Request (Call Sysop)
F...Feedback (Mail to Sysop)
CF...This BBS Configuration
O...OFF. (Logoff)
```

- Internet 1.0

- AOL 1989
- Google Search 1998





- Transforming Health Care:
- The President's Health Information Technology Plan



“By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.”

- --President George W. Bush, State of the Union Address, January 20, 2004

- President Bush has outlined a plan to ensure that most Americans have electronic health records within the next 10 years. The President believes that better health information technology is essential to his vision of a health care system that puts the needs and the values of the patient first and gives patients information they need to make clinical and economic decisions – in consultation with dedicated health care professionals.
- The President's Health Information Technology Plan will address longstanding problems of preventable errors, uneven quality, and rising costs in the Nation's health care system.

Kentucky Response: Governor Fletcher & Senate Bill 2

The Kentucky eHealth Network Board will hold its first meeting Nov. 7, 2005, marking the beginning of the board's efforts to improve Kentucky's health care system through improved utilization of information technology. The board is composed of 22 leaders in health care, government, academia and business..

"Establishing an eHealth network is an exciting and crucial step in improving the lives of Kentuckians," said Gov. Ernie Fletcher, who signed legislation creating the eHealth Network Board on March 8. "Information technology offers great opportunities to improve health outcomes and efficiency. The board will be at the forefront of Kentucky's efforts to take advantage of these opportunities."

Created to implement and oversee a statewide electronic health network, the eHealth board was appointed by Gov. Fletcher after the 2005 General Assembly passed legislation that laid the groundwork for the development of an eHealth Network in the commonwealth.

The legislation, known as Senate Bill 2, also created the Kentucky Health Care Infrastructure Authority. The University of Kentucky and University of Louisville will comprise the authority, which is tasked with improving quality and lowering costs in Kentucky's health care system.

The goal of Kentucky's eHealth efforts is to use health information technology to improve the state's system of health care delivery and administration. Such a system could improve patient privacy, reduce medical errors, lower administrative costs and help make electronic medical records available to more Kentuckians. The effort positions Kentucky to meet the goal set forth by President Bush for most Americans to have electronic medical records by 2014.

The board consists of nine at-large members appointed by the governor and 13 other members who serve by virtue of their position in the General Assembly, the administration, the University of Kentucky or the University of Louisville.

- Techlines, Commonwealth Office of Technology News, November 2005



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President-Elect Urges Electronic Medical Records in 5 Years

By Dan Childs, Haeree Chang, Audrey Grayson
ABC NEWS MEDICAL UNIT

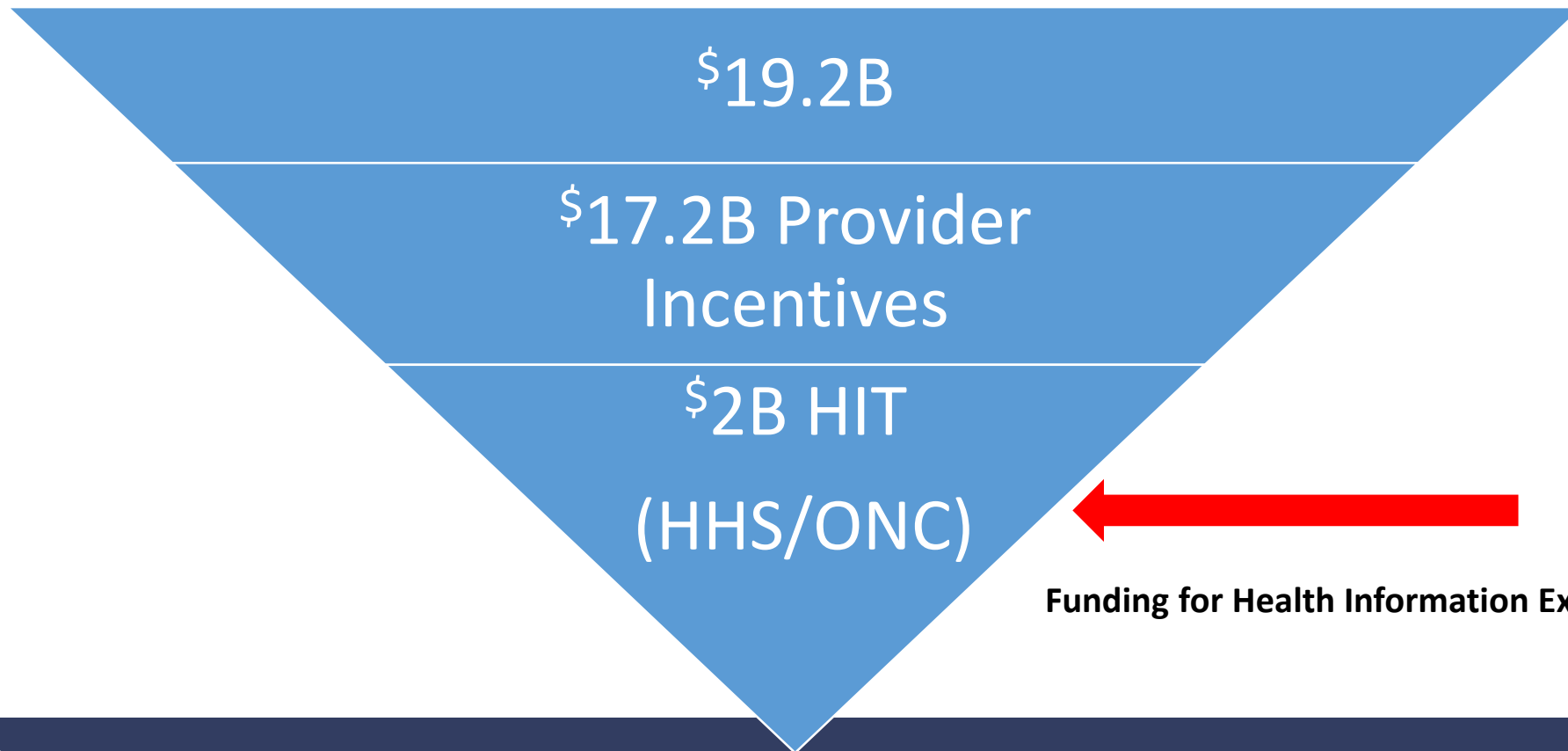
Jan. 9, 2009

- In the latest step toward the computerization of Americans' medical information, President-elect Barack Obama said in a speech Thursday that the government will push for electronic health records for all Americans within five years in order to save both dollars and lives.



"To improve the quality of our health care while lowering its cost, we will make the immediate investments necessary to ensure that, within five years, all of America's medical records are computerized," Obama said in a speech from George Mason University in Fairfax, Va. "This will cut waste, eliminate red tape and reduce the need to repeat expensive medical tests."

**American Recovery and Reinvestment Act (ARRA)
Health Information Technology for Economic and Clinical
Health (HITECH)**



Kentucky Response: Governor Beshear

Former Kentucky Governor Steve Beshear issued an Executive Order in August, 2009 establishing an agency in the Cabinet for Health and Family Services (CHFS) to oversee the advancement of health information exchange in Kentucky.

Funding for this momentous task was received from both the Centers for Medicare and Medicaid Services (CMS) and the American Recovery and Reinvestment Act (ARRA). In addition to the funding opportunity, the ARRA provided a roadmap and guidance for the development and implementation of electronic health information systems transforming healthcare from paper records to electronic.



- Former Kentucky Governor
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Kentucky received over 9 million dollars to advance the use of electronic health information exchange and support eligible healthcare providers across the state in achieving meaningful use of certified technology. Eligible providers who demonstrate meaningful use of certified EHRs started receiving incentive payments in Kentucky beginning in January, 2011.

In light of the benefits and consequences to the healthcare providers and consumers alike, KHIE has a solid commitment to support statewide adoption of electronic health information exchange. To that end, KHIE provides a common, secure electronic information infrastructure.

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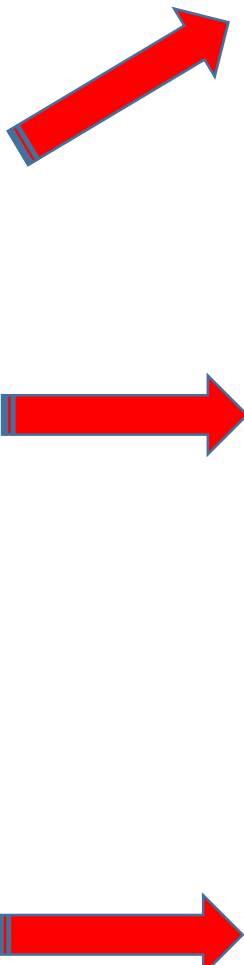
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Kentucky HIE: Timeline

- 
- **2005:** Senate Bill 2/Created the eHealth Network Board with a key priority to establish a statewide secure network for health information exchange in Kentucky
 - **2008:** Medicaid Transformation Grant (**\$4.9 million** – used as seed money to get the project started. RFP was written and bid was won by Affiliated Computer Systems (later bought by Xerox, later bought by Conduent).
 - **2009:** Work began to implement the new system, with 6 pilot organizations – 5 hospitals and one large clinic (UK, UofL, Central Baptist, Pikeville Methodist, St Josephs Lexington and Trover Clinic in Madisonville). Kentucky Medicaid also established an interface and seeded the new HIE with 2 years of Medicaid Claims.
 - **2010:** First hospital went live (Pikeville Methodist) in **April**. Central Baptist went live in October and UK went live in November. All of these were queries only. This helped prove concept for HIE query.
 - **2010, Fall:** The Cabinet for Health & Family Services submitted an application to the ONC for HIE funding under HITECH and was awarded **\$9.75 million** to support further implementation of KHIE. The Governor established 'The Governor's Office of Electronic Health Information' and hired the first Executive Director to oversee the implementation of KHIE.
 - **2011:** UofL went live via VPN and began contributing loads of data (nine data feeds) which helped prove concept of this type interface. Outreach Coordinators were hired to recruit new participants and we began to roll out to additional hospitals. The KHIE Virtual Health Record/Community Portal was launched.
 - **July 2011:** KHIE completed the interface to the KY Immunization Registry which assisted providers with meeting Stage 1 Meaningful Use public health reporting

Kentucky HIE: Timeline

- 
- 2012: KHIE completed the first interface in the country to a state cancer registry (KY Cancer Registry) and was recognized at the national level. KHIE was one of 5 state HIEs to receive grant funding to work on integrating behavioral health and 42 CFR Part II records in the HIE. Fall 2012: KHIE completed their first 100 interfaces (hospitals and providers).
 - 2013: KHIE expanded electronic public health reporting to add Syndromic Surveillance and Electronic Laboratory Results
- 
- 2014: KHIE completed an interface with the Fayette County Detention Center for full data contribution. The Detention Center healthcare staff were trained to use the KHIE Virtual Health Record to access records of the inmates. It was a huge success and proved concept for the value of health information exchange with correctional facilities.
 - 2014: KHIE implemented Direct Secure Messaging with the help of a key pilot, Owensboro Health. The team established a statewide Community of Practice that included hundreds of providers across the state to successful rollout the secure messaging tool.
- 
- 2016: After many years of work with key stakeholders and system development KHIE was able to connect over 60 of the Community Mental Health Centers across the state for a bidirectional CCD exchange, which included 42 CFR Part II records based on patient consent.
- 
- 2016 - 2017: KHIE completed work to become a part of a regional HIE called 'Heartland,' which includes 6 other HIEs to complete the 'Patient Centered Data Home' initiative. KHIE worked with HIEs in Indiana, Michigan, Ohio, TN and West Virginia.

KHIE Functionality

- Personal Health Records
- Registries
 - Immunizations
 - Cancer
 - Syndromic Surveillance
 - Reportable Diseases
- Mental Health Facilities
- Correctional Facilities
- Health Departments
- 95% of Hospitals Connected
- Medicaid Data

- New HIE Functions – Aug., 2019
 - Personal Health Records
 - Event Notifications
 - eKasper Integration (PDMP)
 - Heartland Patient Centered Data Home
 - Access to Veteran's health data and Social Security Administration data

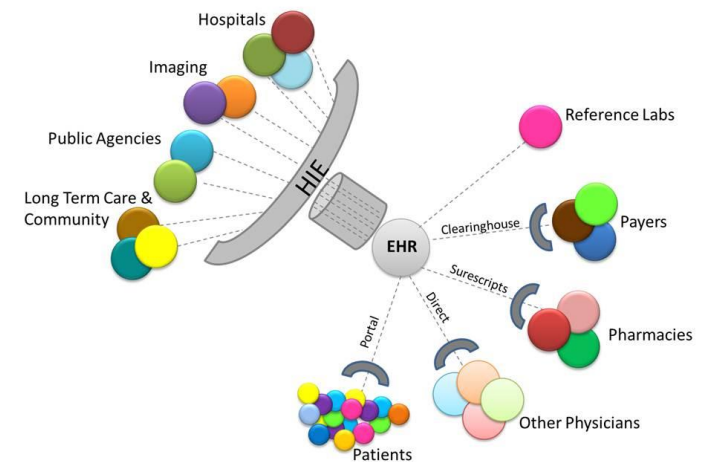
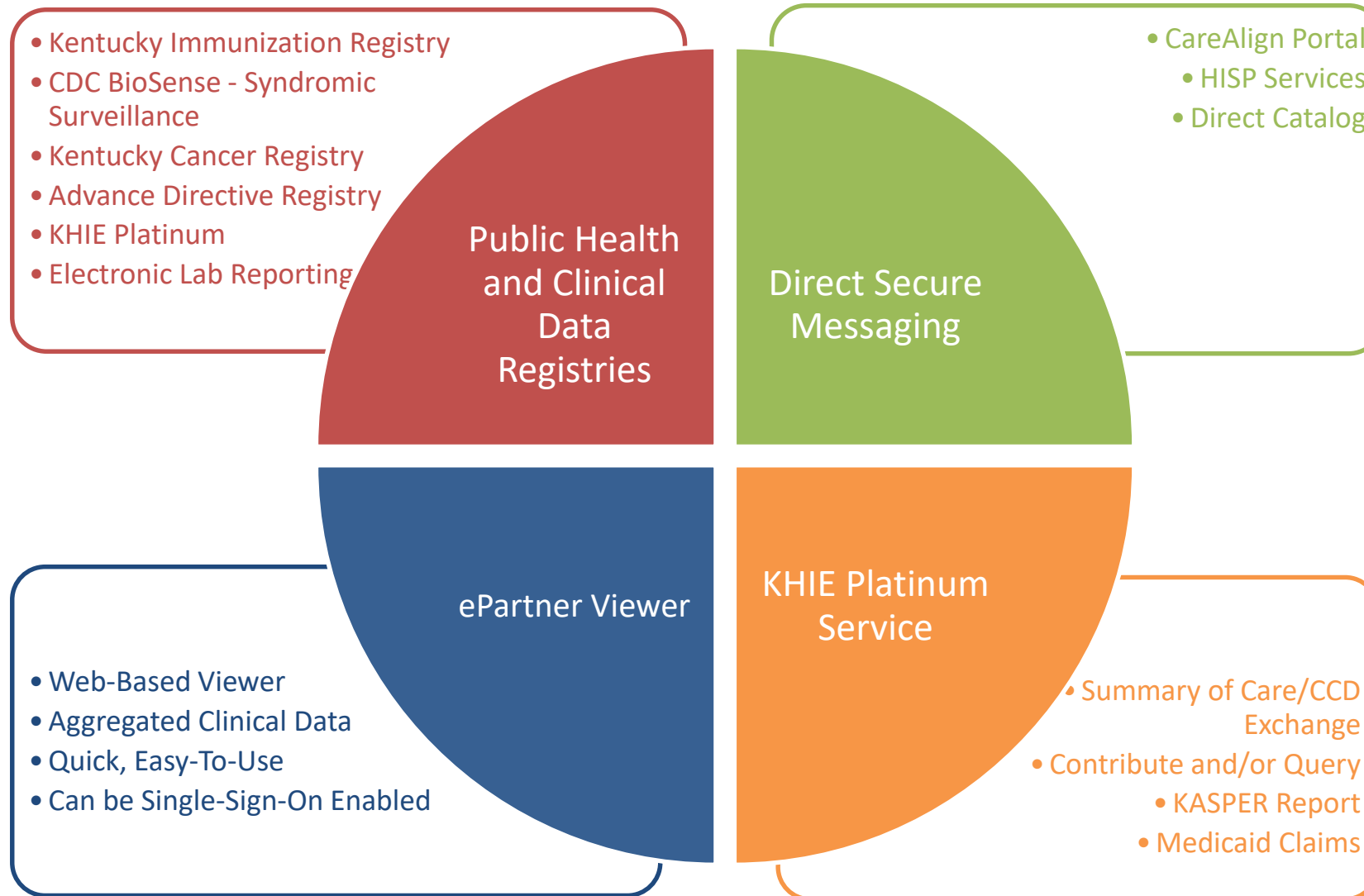
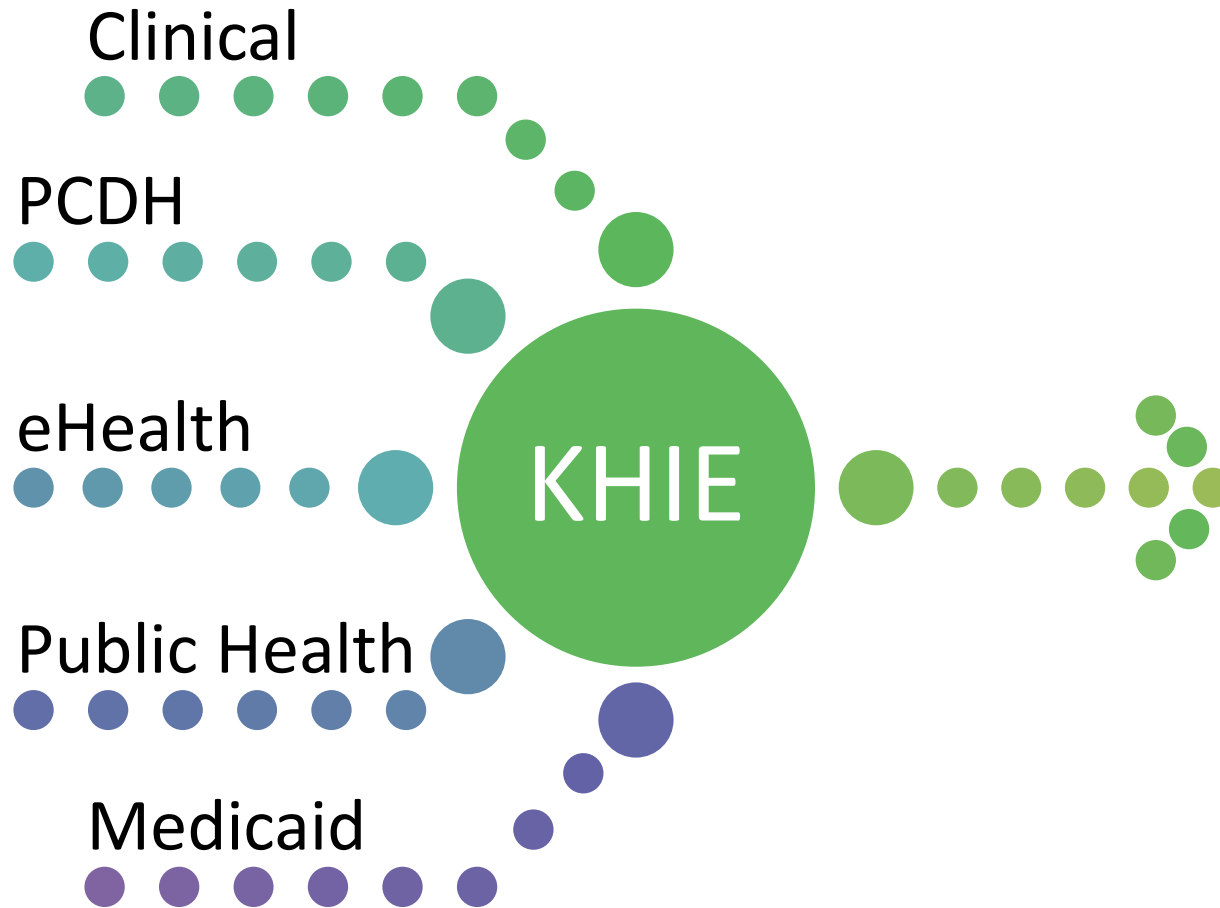


Figure 2: Emerging HIE

www.onhealthtech.blogspot.com

KHIE Services Overview





Number of Data Feeds

	Total	Hospital	Other
Immunization	1911	83	1828
ADT – Demographics	1002	101	901
Syndromic Surveillance	915	95	820
Lab Results	342	62	280
Reportable Lab	83	60	23
Radiology	40	35	5
Transcribed Notes	23	15	8
Platinum	330	33	297

95%

of hospitals
submit data to
KHIE

Other Includes:

Primary Care

Specialty Practices

Dentists

Pharmacists

EMS Run Sheets

Correctional Facilities

Behavioral Health

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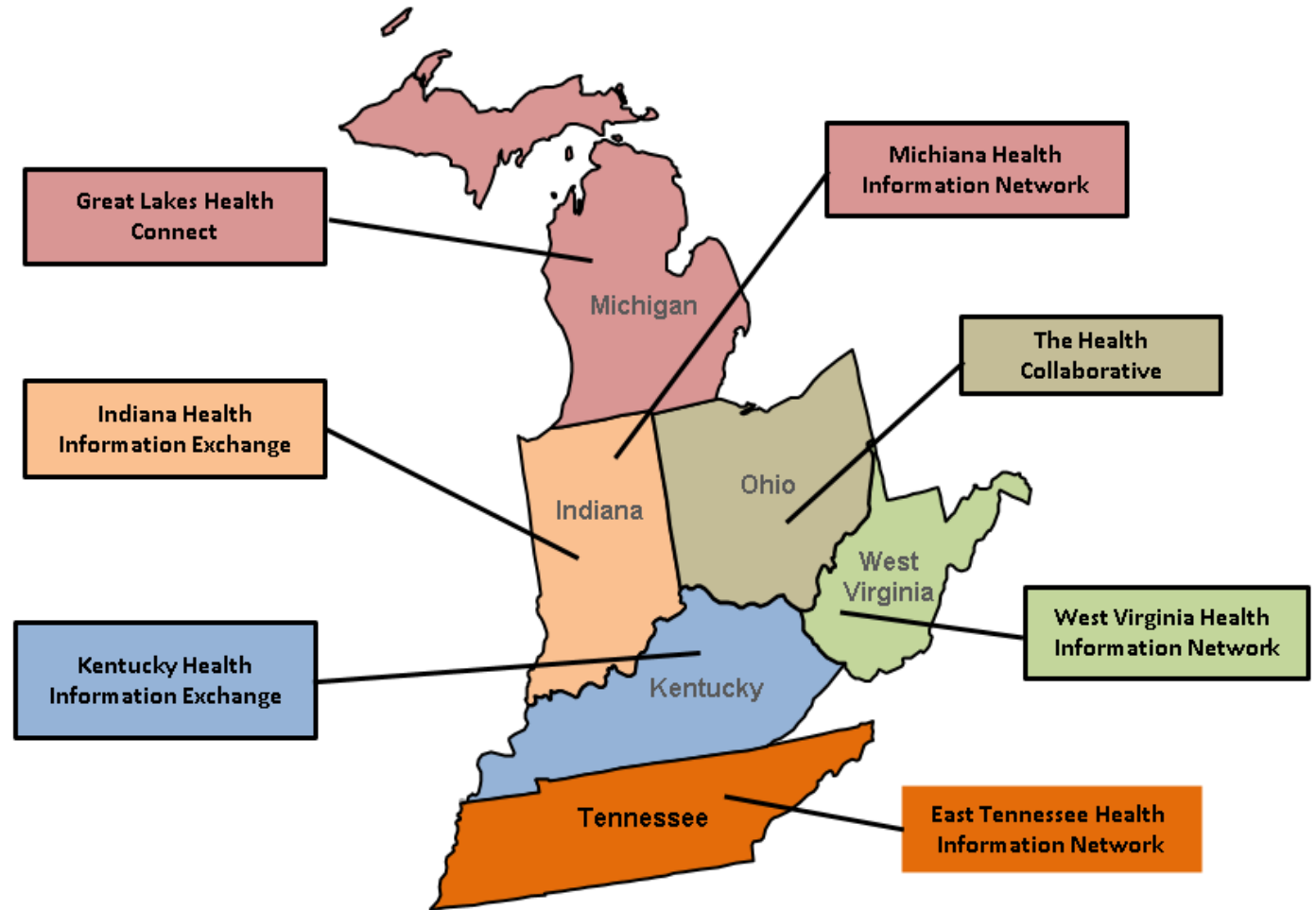
EMS Run Sheets

Correctional Facilities

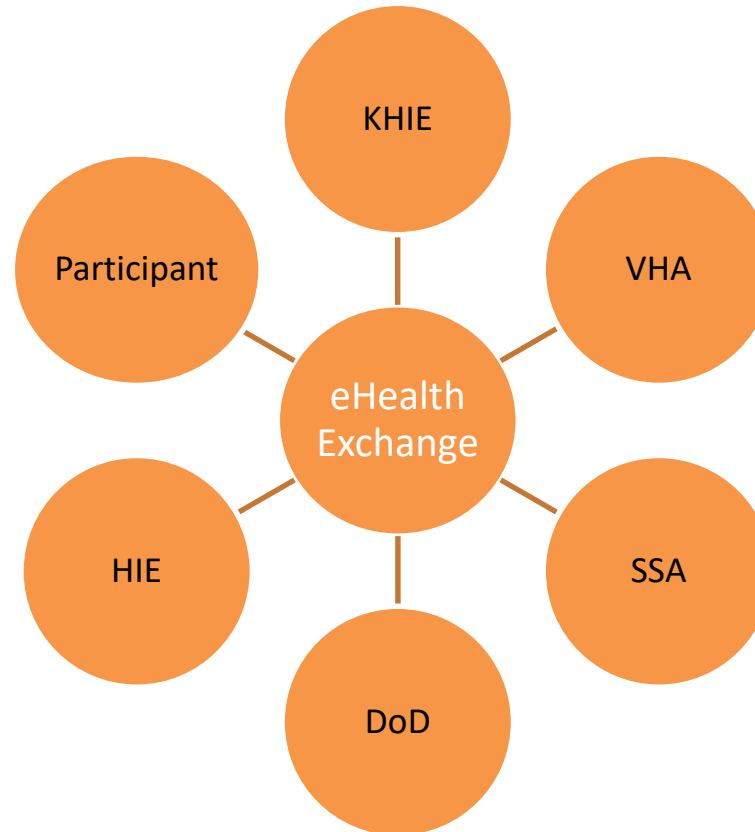
Behavioral Health

KHIE Data Sets	
ADT/Patient Demographics	Name, Address, Phone, DOB
Lab Results	Include any pathology results
Radiology Reports	Transcribed findings and recommendations
Other Transcribed Reports	Any other type of transcribed reports. Ex: Operative report, ED report, Cancellation Notice, H&P. ANY document that is transcribed that a hospital wants to send.
CCD/CCDA	<p>Summary of Care: Included when info is available in patient record</p> <p><u>Required</u></p> <ul style="list-style-type: none"> • Patient name * • Current problem list * • Current medication list * • Current medication allergy list * • Encounter diagnosis * • Immunizations * • Demographic information (preferred language, sex, race, ethnicity, date of birth) * <p><u>Optional</u></p> <ul style="list-style-type: none"> • Referring or transitioning provider's contact information (EP only) • Procedures • Laboratory test results • Vital signs (height, weight, blood pressure, BMI) • Smoking status • Functional status, including activities of daily living, cognitive and disability status • Care plan field, including goals and instructions • Care team • Reason for referral (EP only) • Discharge instructions (eligible hospitals and CAHs only)
Medicaid Claims Data	Anything Medicaid or MCO has paid
Immunization	Anything available in WebIZ
Syndromic Surveillance	ADT and Diagnosis
Reportable Labs	Requirements from Public Health

- Regional approach to national data exchange
- Facilitated by Strategic Health Information Exchange Collaborative (SHIEC)
- KHIE is LIVE in *Heartland* PCDH



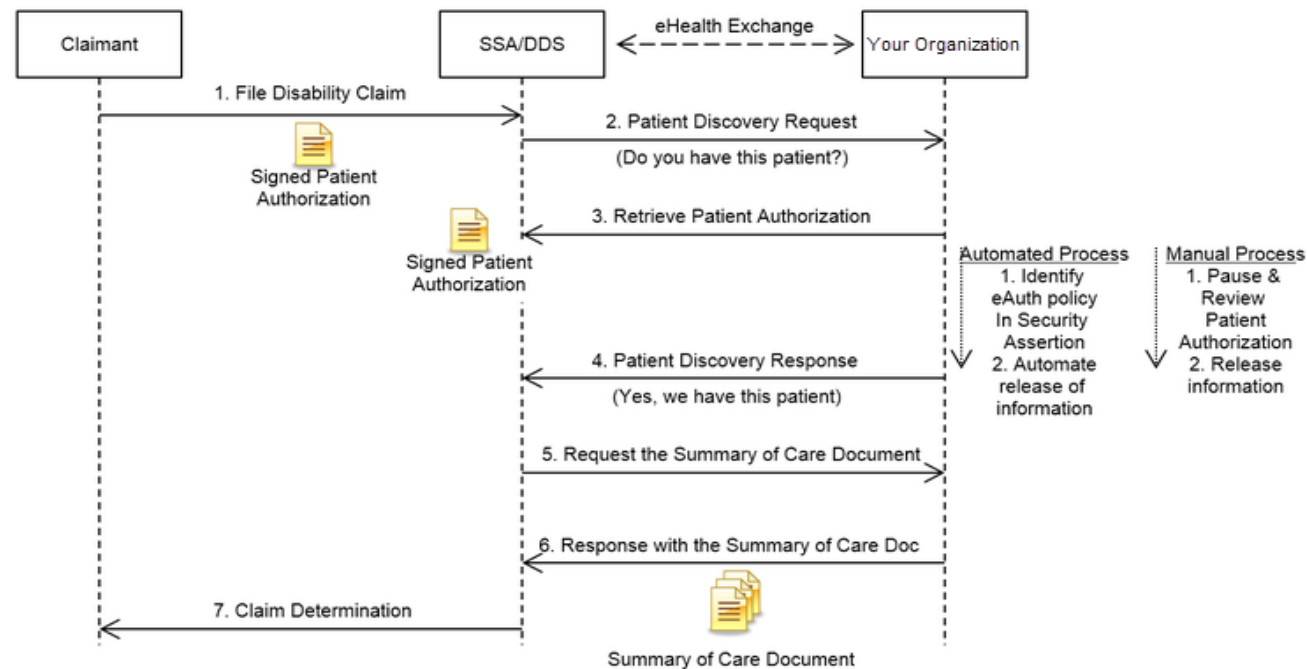
eHealth ExchangeTM



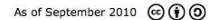
*Work In Progress on eHealth Connection

Future: SSA/VA

SSA Disability Workflow using eHealth Exchange



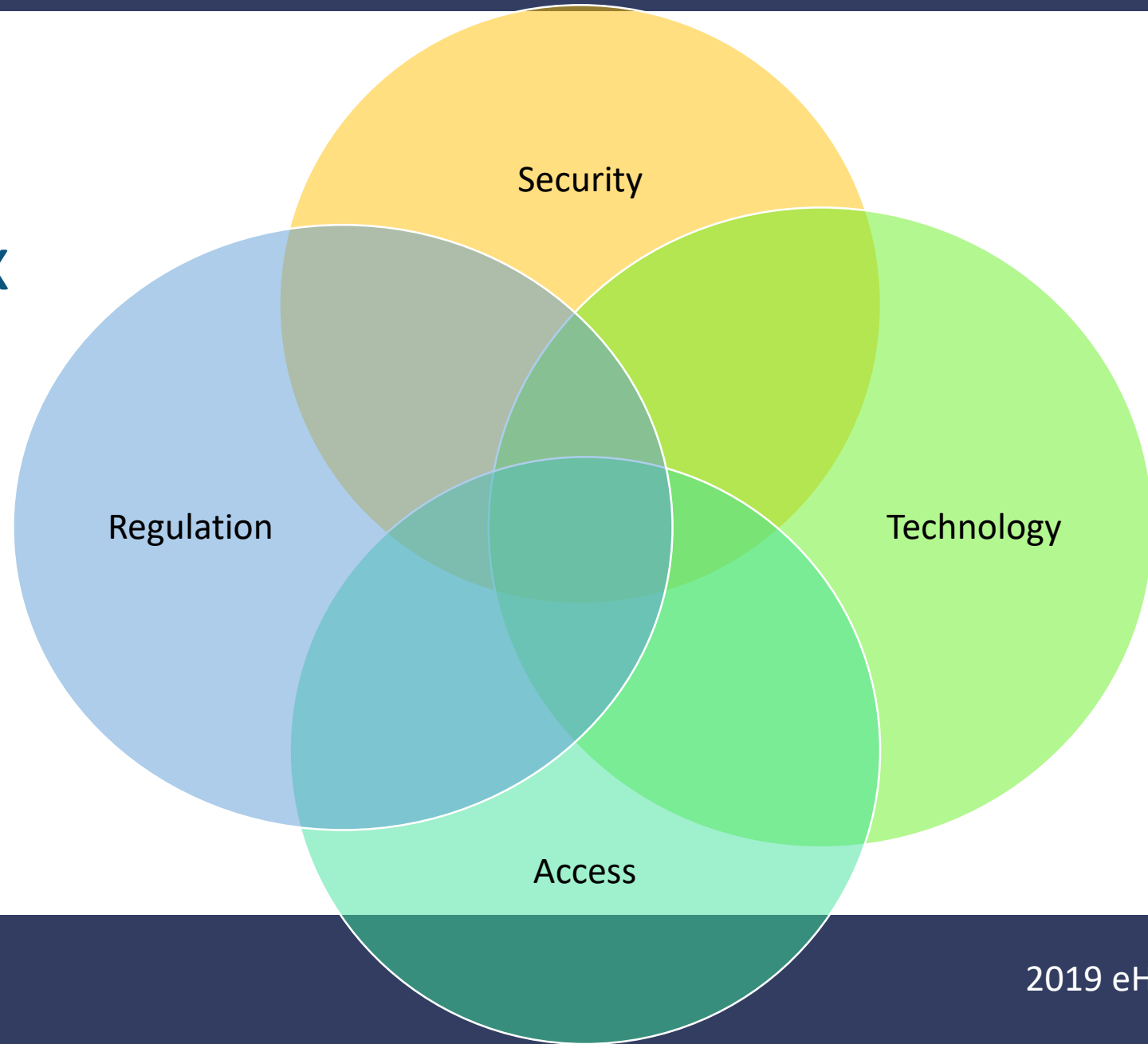
- Clinical Lab data



- Banking ATM Networks
 - Beginning 1970's
 - Data Points
 - Demographics
 - Accounts
 - Currency



- Paradox



- Goals



ONC Proposed Rule:

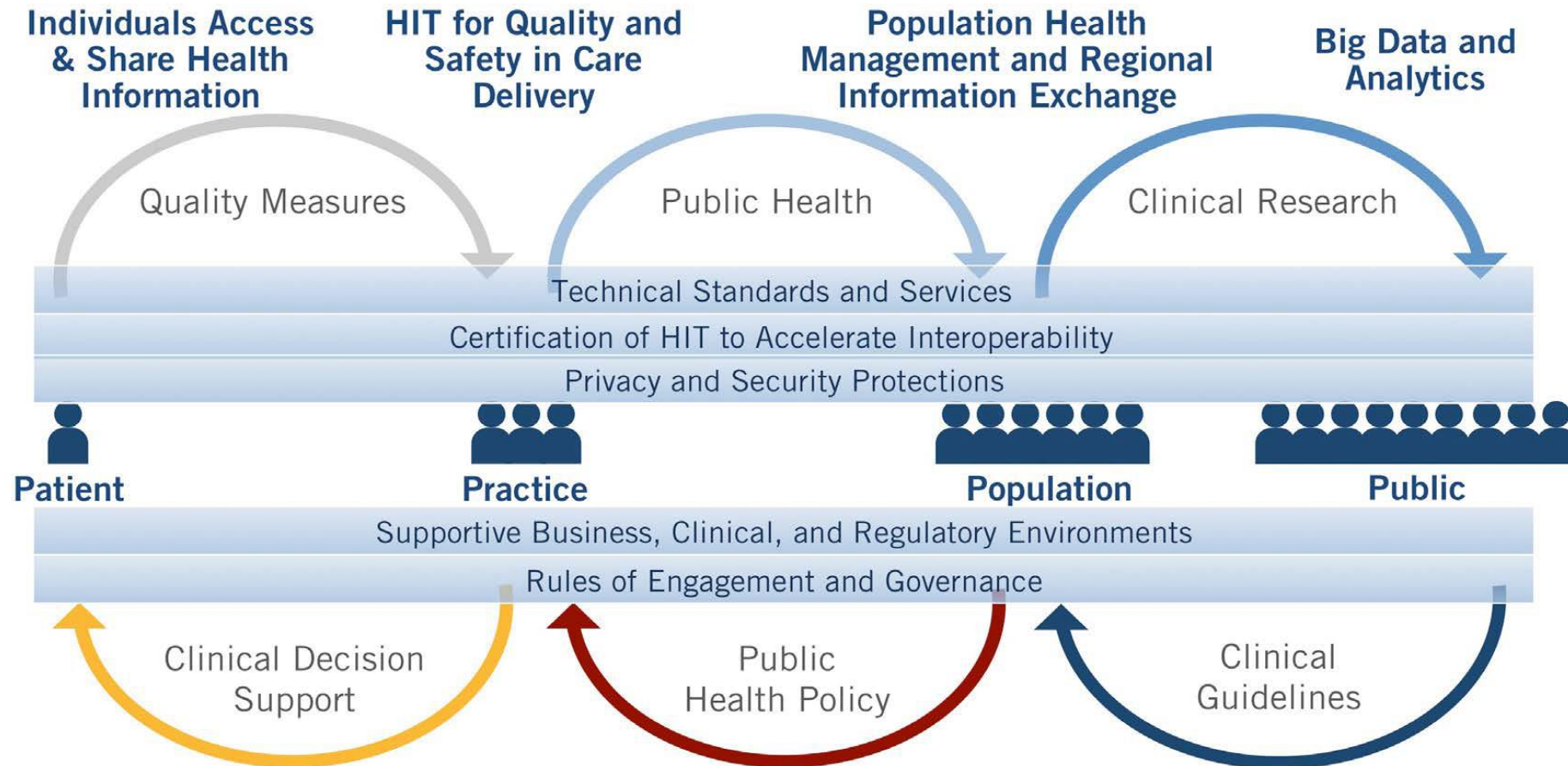
21st Century Cures Act and Interoperability, Information Blocking and Certification.

- Seema Verma: “Let me be clear...the idea that patient data belongs to providers or vendors, is an epic misunderstanding”.
- ONC Proposed rule - <https://www.healthit.gov/nprm>
 - Interoperability
 - Information Blocking
 - Certification



Interoperability: The True Clinical Picture

Health IT Ecosystem



Connecting Health and Care for the Nation:
A Ten Year Vision to Achieve Interoperable Health IT Infrastructure

<https://www.healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf>

• ONC Guiding Principles

- Build upon the existing health IT infrastructure
- One size does not fit all
- Empower individuals
- Leverage the market
- Simplify
- Focus on value
- Consider the current environment and support multiple levels of advancement
- Protect privacy and security in all aspects of interoperability
- Maintain modularity



Connecting Health and Care for the Nation:
A Ten Year Vision to Achieve Interoperable Health IT Infrastructure

• ONC BUILDING BLOCKS

- Core technical standards and functions
- Certification to support adoption and optimization of health IT products and service
- Privacy and security protections for health information
- Supportive business, clinical, cultural, and regulatory environments
- Rules of engagement and governance



Connecting Health and Care for the Nation:
A Ten Year Vision to Achieve Interoperable Health IT Infrastructure

21st Century Cures Act & TEFCA



Summary

- Interoperability is the Goal
- Responsibility
 - Patients
 - Providers
 - Health Systems
 - HIE's
 - Government
 - Payers
 - Standards Committees
 - Vendors- Hardware and Software
 - Privacy and Security

- Winners

• Everyone



Questions?
THANK YOU!

• Contact Info

- David E. Danhauer, MD, FAAP

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- Owensboro Health
- David.Danhauer@owensborohealth.org
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- www.linkedin.com/in/ddanhauermd



- @ddanhauer



KENTUCKY

HEALTH INFORMATION EXCHANGE

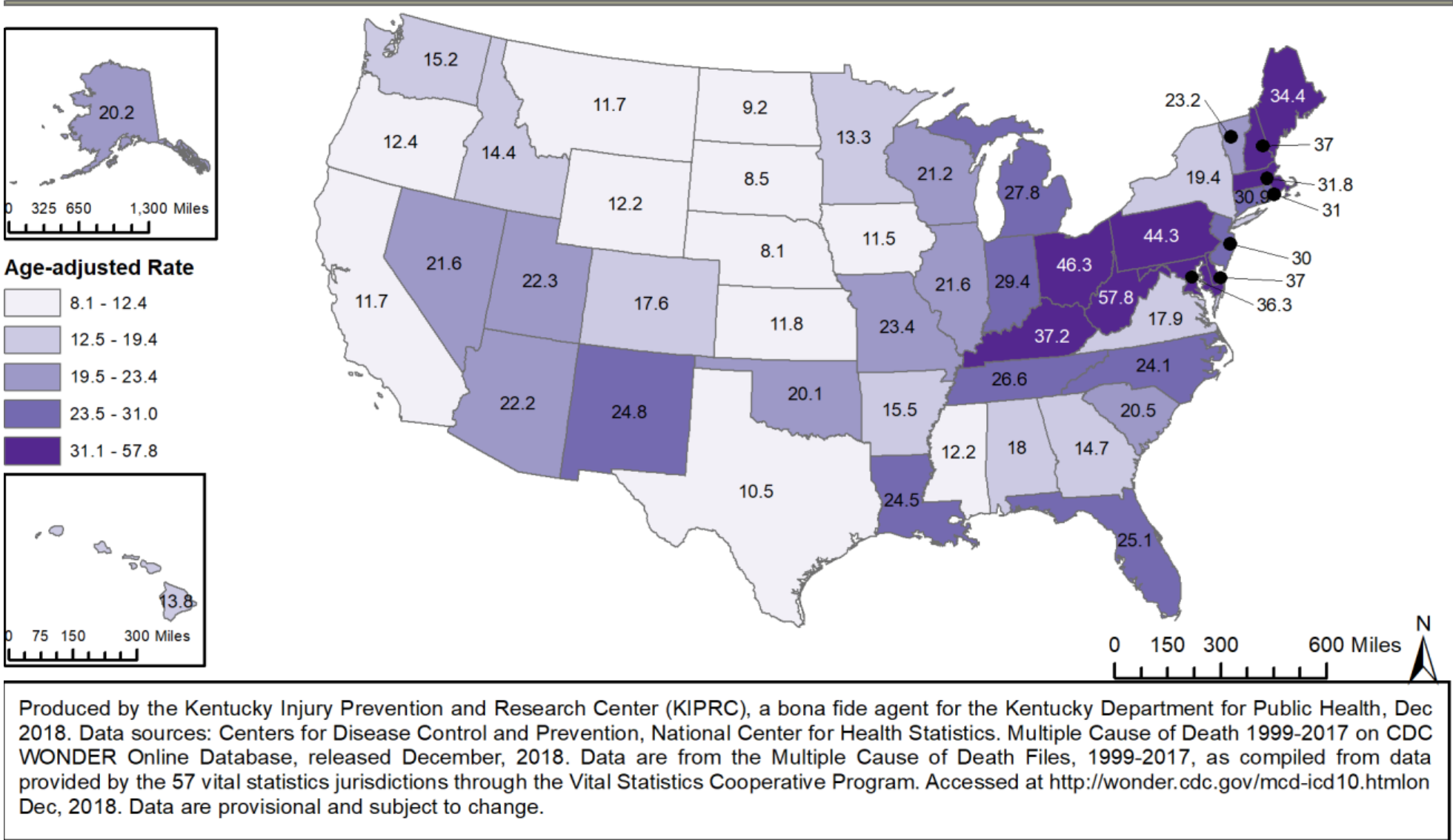
Connecting Kentucky. Improving Healthcare.

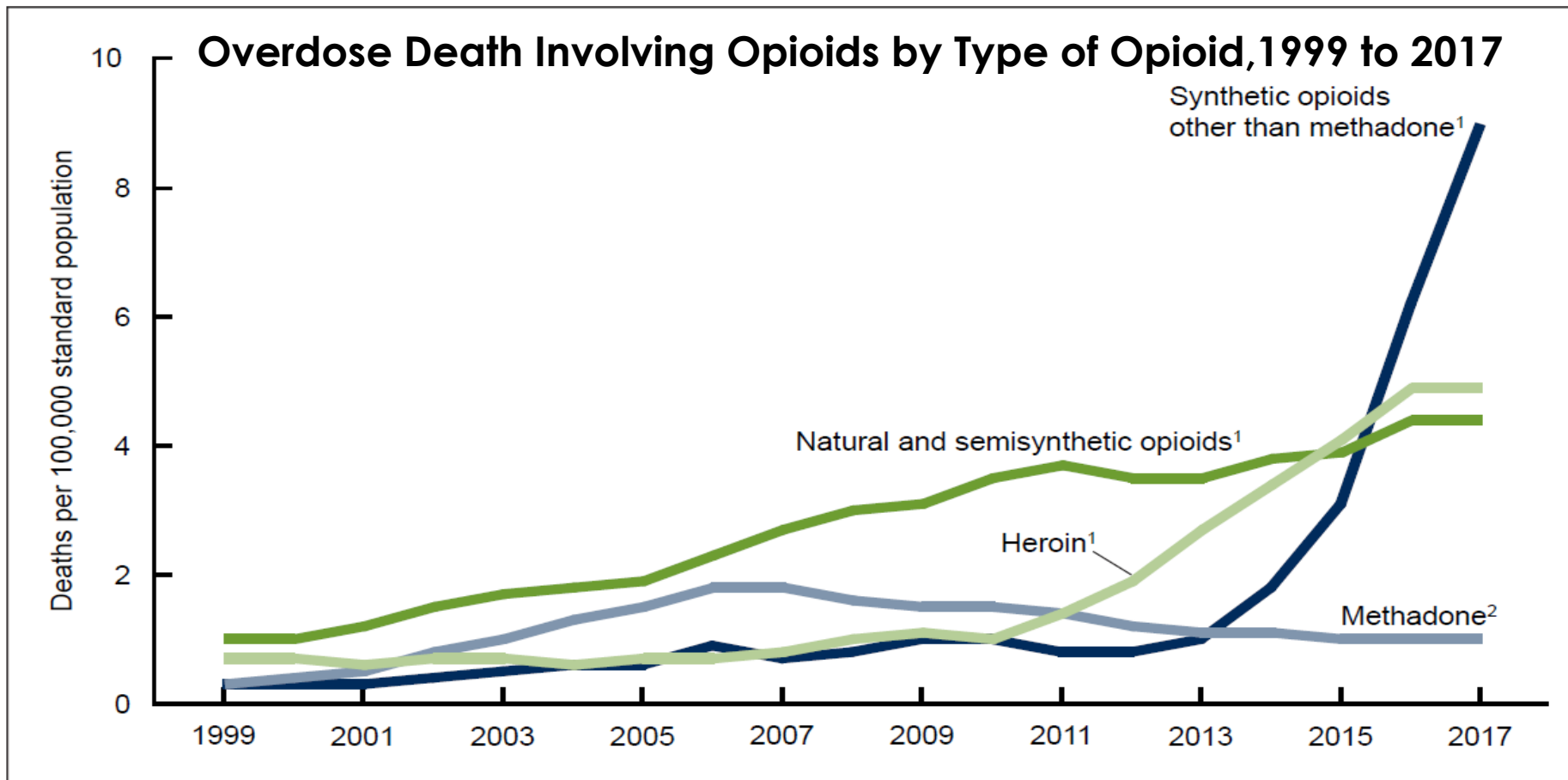
Kentucky's Opioid Response Effort (KORE) Framework

Allen J. Brenzel, M.D.,MBA
Medical Director
BHDID, CHFS
Associate Professor of Psychiatry and Pediatrics
University of Kentucky



Figure 1: Age-adjusted Drug Overdose Mortality Rates by State, 2017





¹Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.05$.

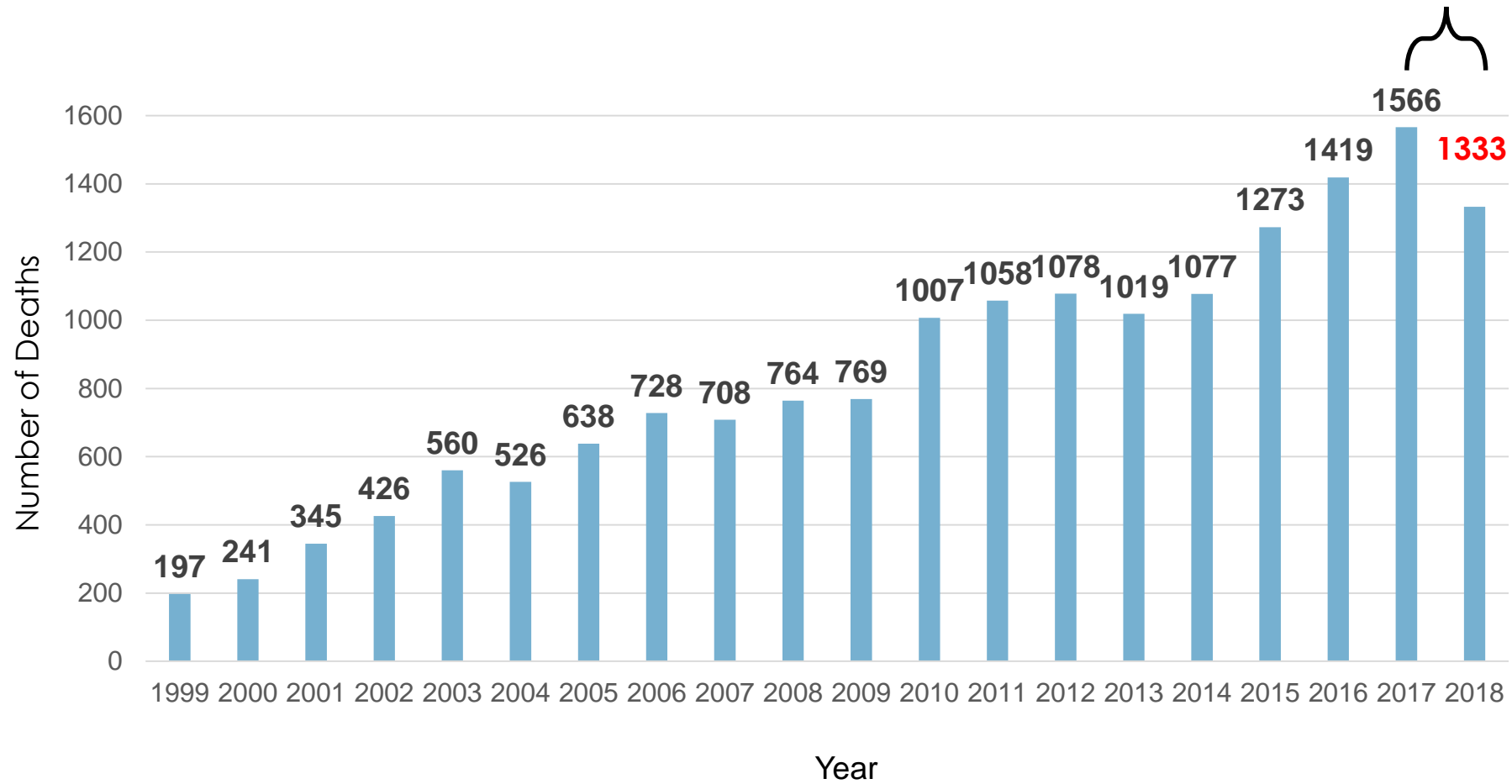
²Significant increasing trend from 1999 through 2006, then decreasing trend from 2006 through 2017, $p < 0.05$.

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural and semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 through 2013 and 81%–88% from 2014 through 2017. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#4.

SOURCE: NCHS. National Vital Statistics System. Mortality.

KY RESIDENT DRUG OVERDOSE DEATHS (all drugs)

15% Decrease



Key Findings from 2018

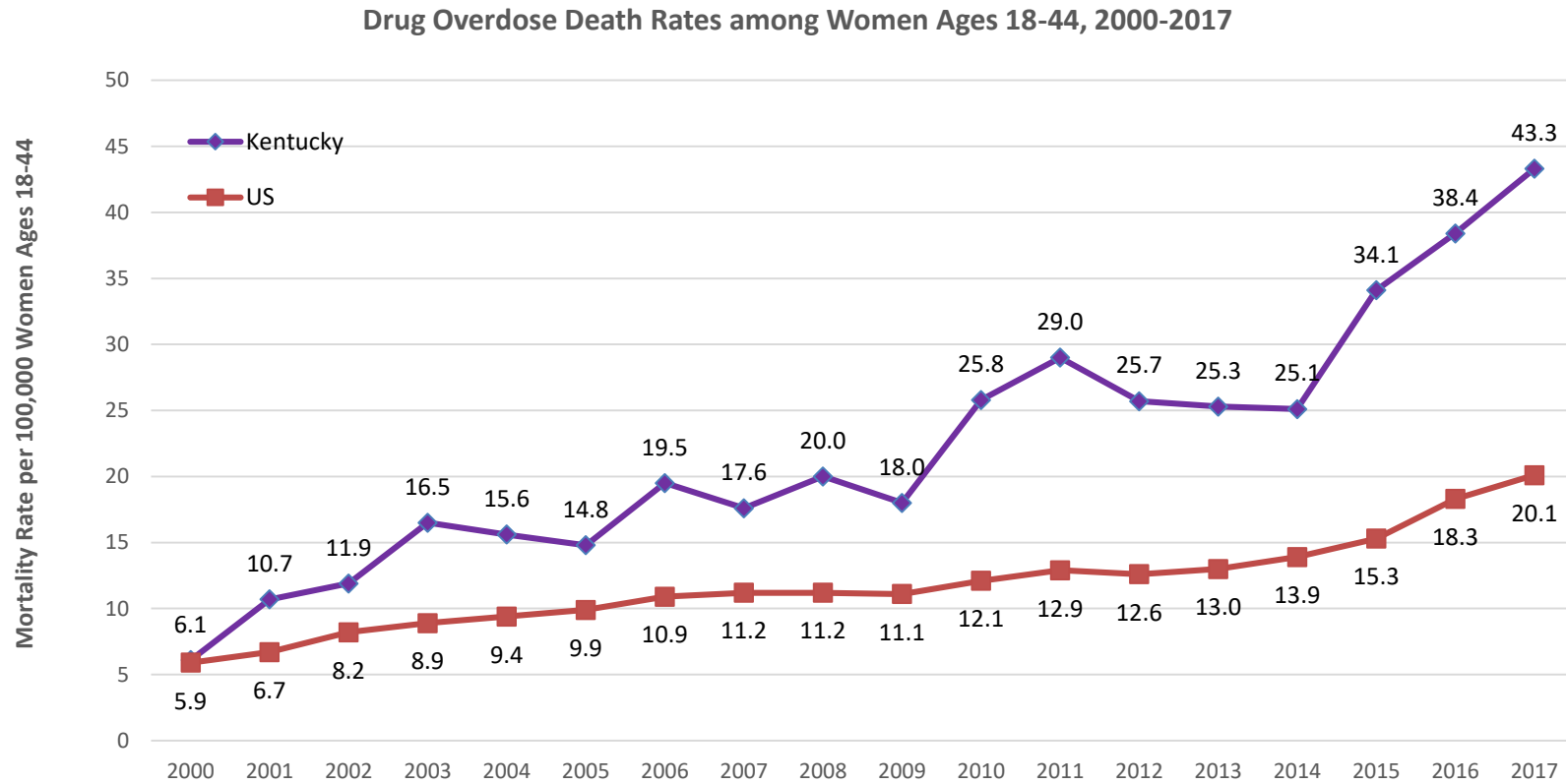
- Most deaths in 35-44 age group
- Heroin deaths decreased from 270 in 2017 to **188 in 2018**
- Fentanyl was involved in 786 deaths or 61 percent up from 52 percent in 2017
- Jefferson County had the most deaths with 337 down from 426 in 2017
- Jefferson County had the largest decrease (89 fewer)
- Kenton decreased by 24 (Campbell, Nelson and Jessamine also decreased)
- Largest increases were in Pike, Warren and McCracken
- Methamphetamine was detected in 428 cases up from 357 in 2017

Top Five Counties for OD deaths per capita

- Boyd 60.49
- Madison 57.62
- Kenton 56.43
- Clark 51.16
- Campbell 49.43

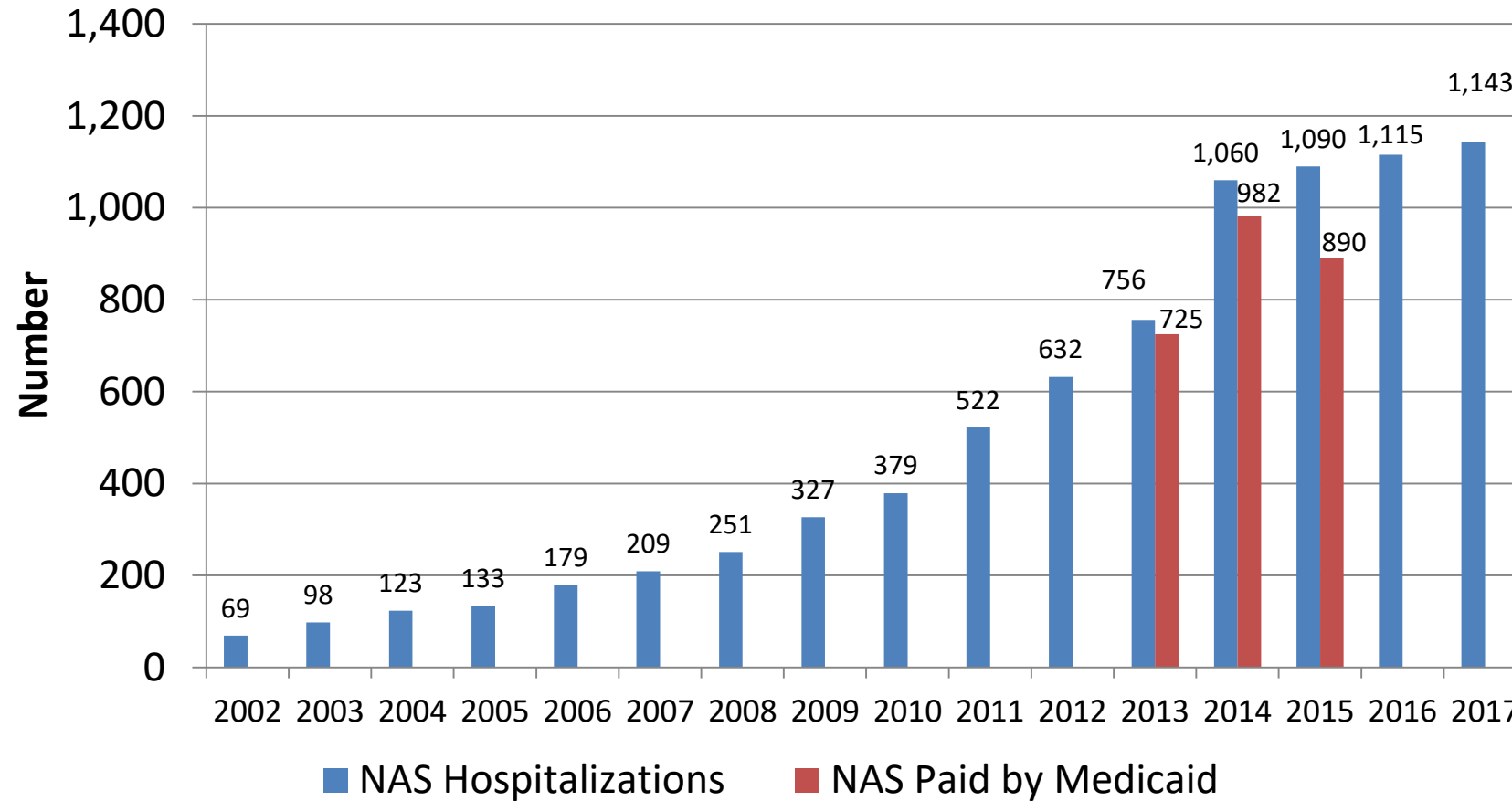
(Jefferson 37.25, Fayette 38.04)

Kentucky Overdose Deaths in Women of Childbearing Age



Produced by the Kentucky Injury Prevention and Research Center, July 2019. Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released 2018.

NAS Hospitalizations of Kentucky Newborns



Produced by the Kentucky Injury Prevention and Research Center, May 2016.
Kentucky Inpatient Hospitalization Claims Files, Frankfort, KY, [2000-2015];
Cabinet for Health and Family Services, Office of Health Policy.
Data for 2010-2015 are provisional; therefore these results are subject to change.

NAS Case Definition: Any mention of ICD9CM diagnosis code 779.5 AND any mention of ICD9CM diagnosis code V3x AND Kentucky resident AND patient's year of birth matches the reporting year
Medicaid data provided by the Department for Medicaid Services and include claims with a diagnosis code of V30-V39 and 779.5 and for ICD10 P96.1 and Z38

Consequences

- Record number of individuals incarcerated in State and Local Correctional Facilities
 - Ky has 41,000 residents in correctional settings (ninth highest rate in country)
- Kentucky has highest rate of children who have one or more parent incarcerated
 - Thirteen percent of children in Kentucky have one or more parent in correctional setting
- Kentucky has the highest number of woman incarcerated of any state in U.S.
- Kentucky has dramatic increase in grandparents raising children
- Record number of children in out of home care

Kentucky's Opioid Response Effort (KORE) Framework



The Substance Abuse Epidemic in Kentucky: Utilization of Data Important to Kentucky in Combating the Opioid Crisis

Connie Gayle White, MD, MS, FACOG
Deputy Commissioner

August 16, 2019



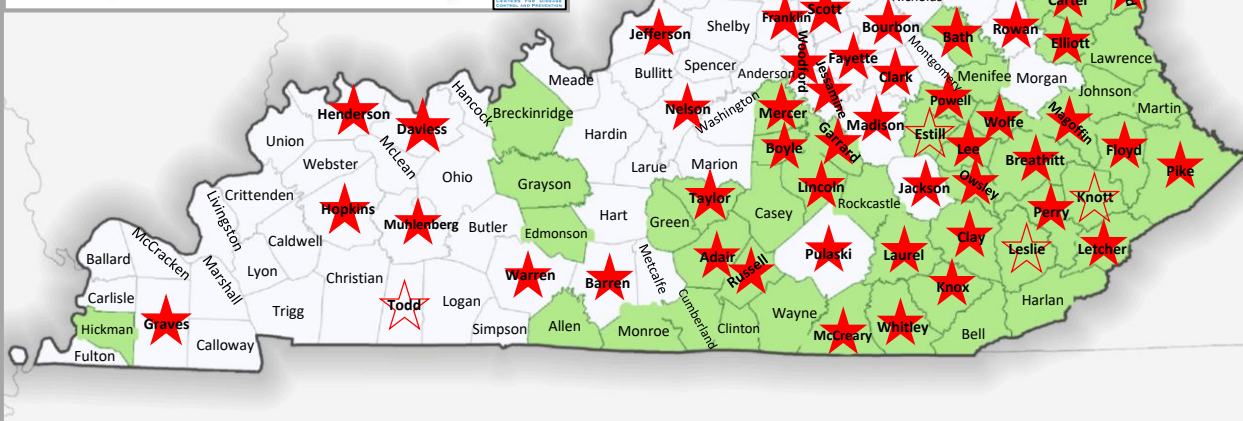
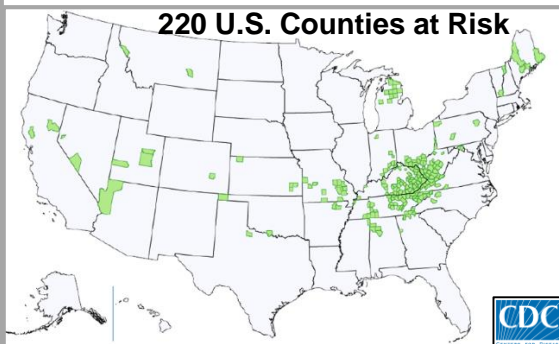
Kentucky Public Health
Prevent. Promote. Protect.

Dr. Jeffrey D. Howard, *Commissioner*



Kentucky Public Health
Prevent. Promote. Protect.

54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Exchange Programs (SEPs)



National Ranking by County*

1	Wolfe	34	Martin	108	Gallatin
3	Breathitt	35	Boyle	125	Bath
4	Perry	39	Lawrence	126	Grayson
5	Clay	40	Rockcastle	129	Greenup
6	Bell	45	Harlan	132	Green
8	Leslie	48	McCreary	153	Casey
9	Knox	50	Letcher	154	Carter
10	Floyd	53	Johnson	163	Monroe
11	Clinton	54	Russell	167	Garrard
12	Owsley	56	Elliott	175	Robertson
14	Whitley	65	Laurel	178	Lewis
15	Powell	67	Carroll	179	Edmonson
17	Knott	75	Taylor	180	Allen
21	Pike	77	Grant	187	Boyd
23	Magoffin	93	Adair	191	Hickman
25	Estill	97	Lincoln	202	Breckinridge
30	Lee	99	Wayne	212	Campbell
31	Menifee	101	Cumberland	214	Mercer

* Vulnerable Counties in **RED** have Operating SEPs



54 Vulnerable Counties



62 Operating Syringe Exchanges
(55 Counties) as of 08/02/2019



4 Counties are Approved but
Not Yet Operational

Specific concerns regarding Kentucky Counties:

1. Dense drug user networks similar to Scott County Indiana
2. Lack of syringe exchange programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.

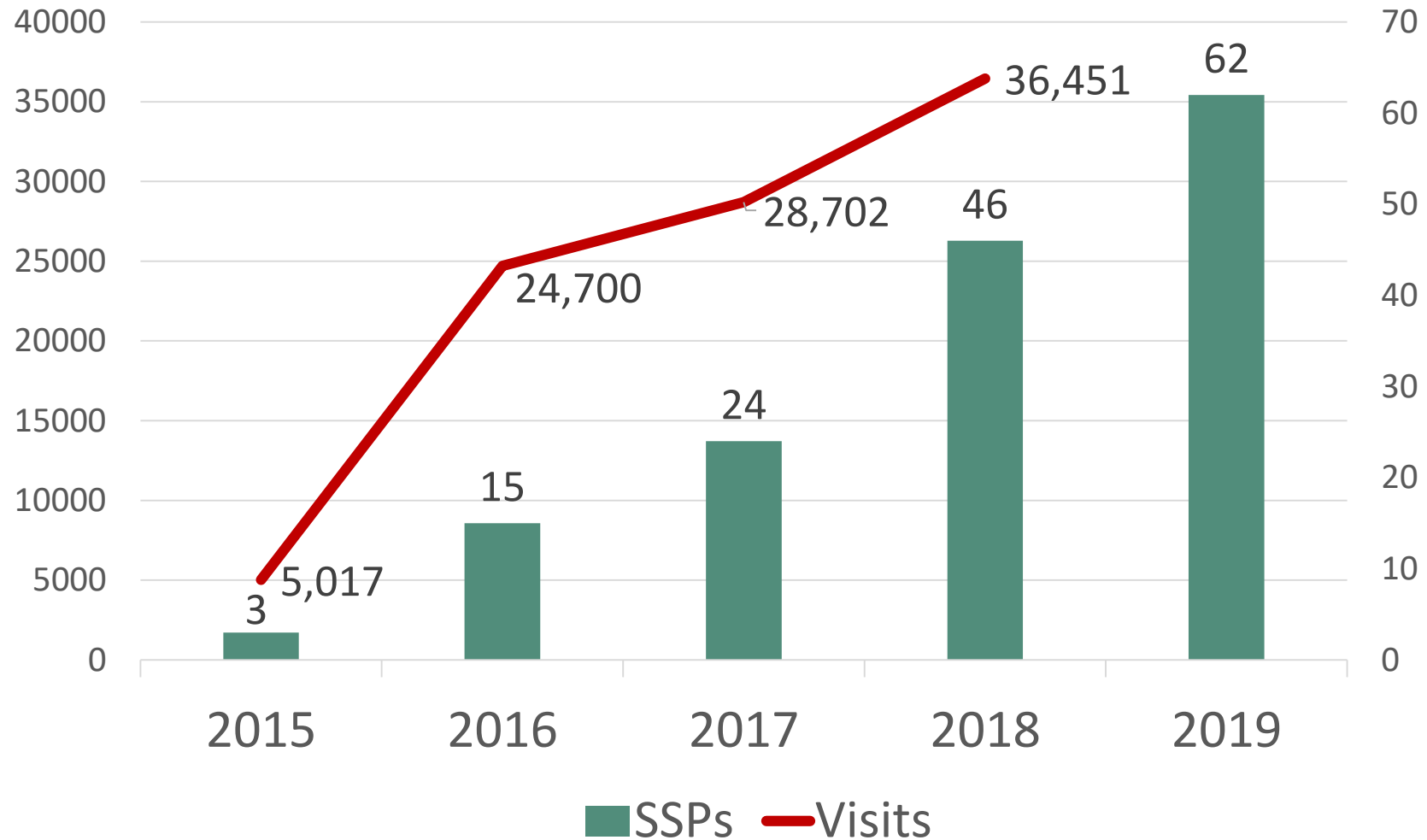
Principles of Harm Reduction

- Health and Dignity
- Participant-Centered Services
- Participant Involvement
- Participant Autonomy
- Sociocultural Factors
- Pragmatism/Realism

REDCap data collection elements

- Gender/Race/Ethnicity
- Social Determinants of Health
 - Housing
 - Food
 - Employment
- Substances Used – Has that changed?
- HIV testing status
- HCV testing status
- Motivational Interviewing for SUD treatment options
- Plans for next visit/follow up

Number of SSPs and client visits to SSPs per year



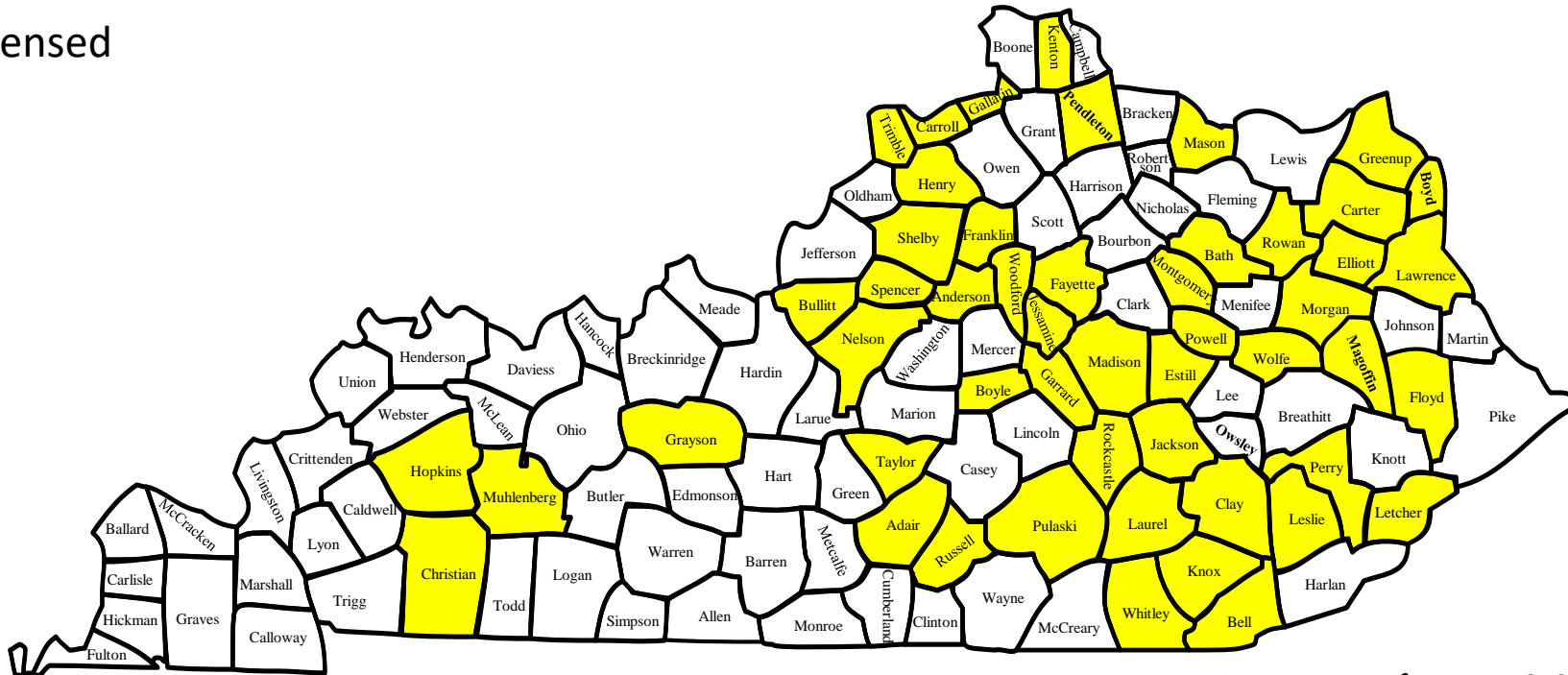


Kentucky Mobile Harm Reduction Unit

Kentucky Department for Public Health Harm Reduction Naloxone Dispensing

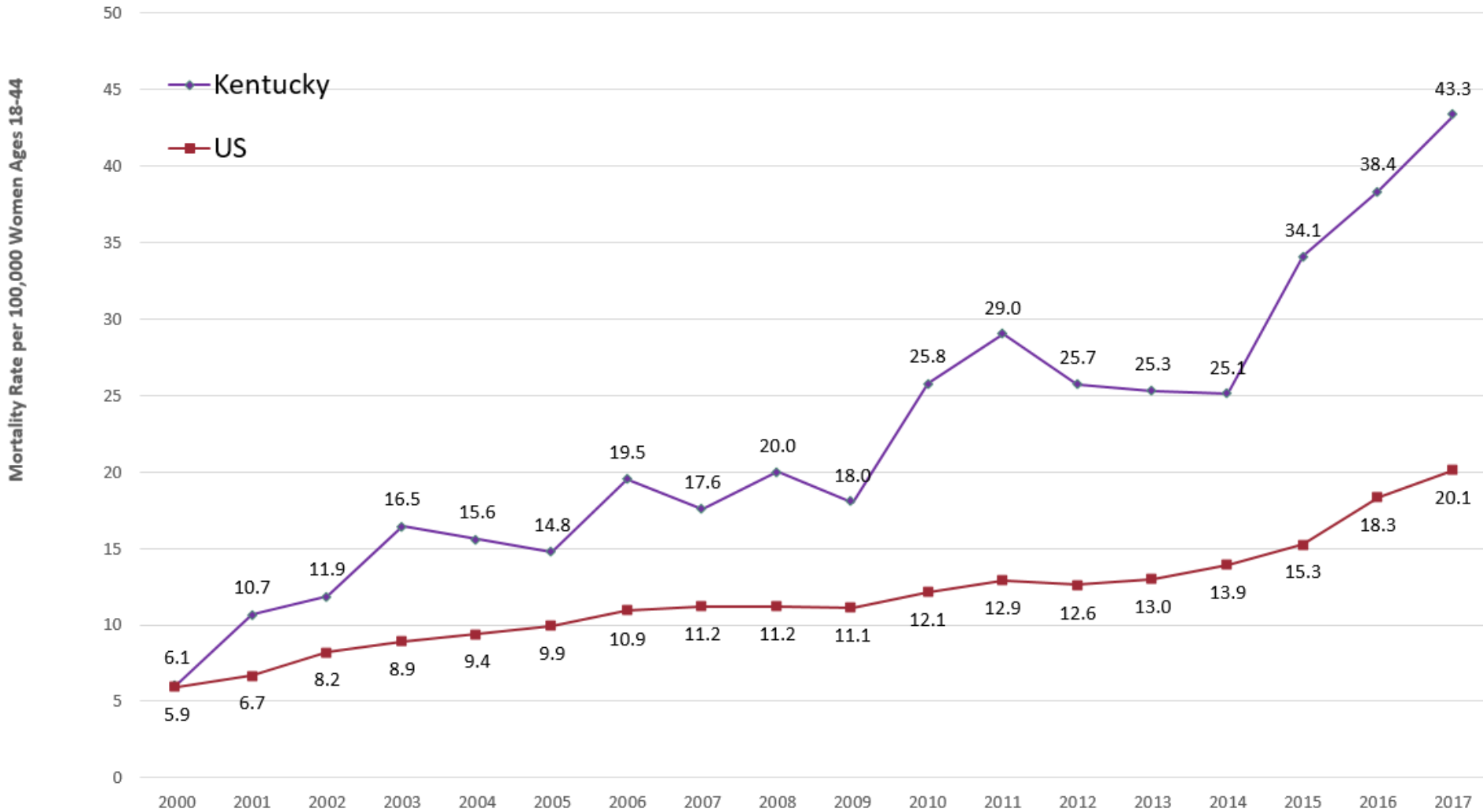


3,799 kits dispensed



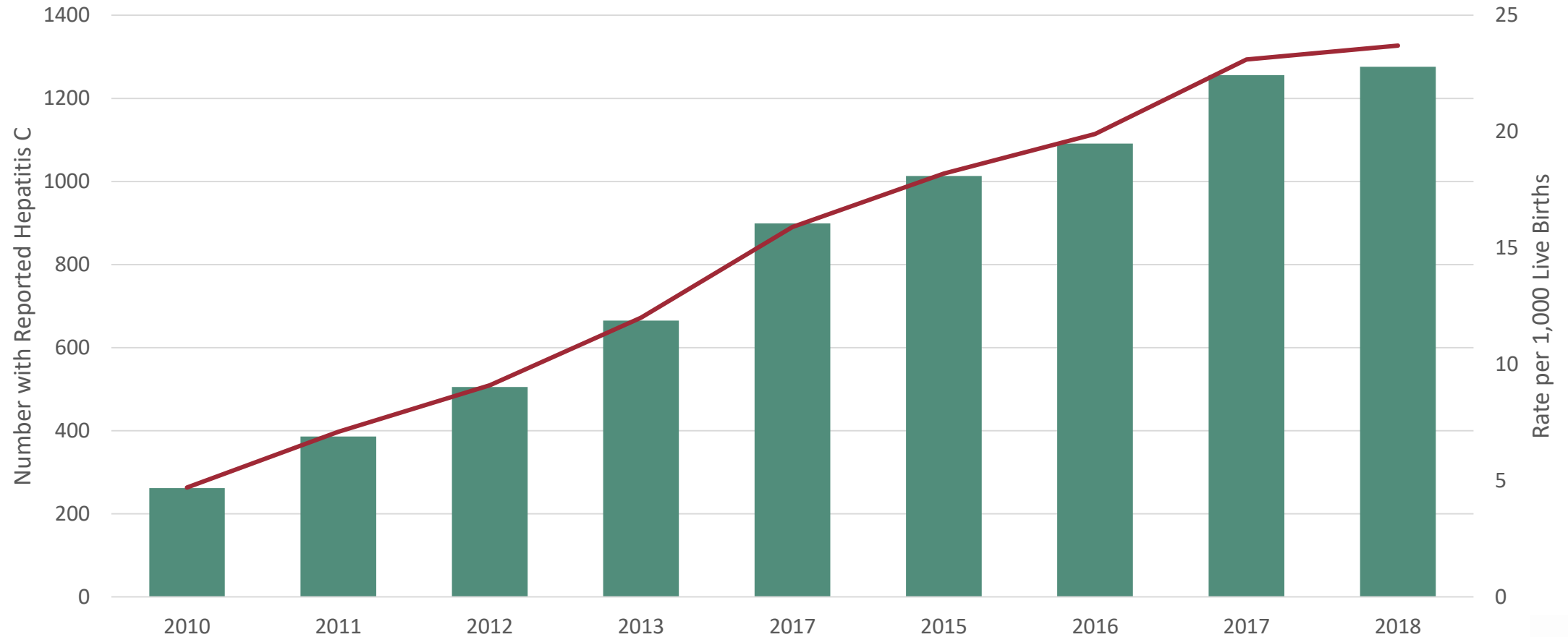
As of August 13, 2019

Drug Overdose Death Rates among Women Ages 18-44, 2000-2017



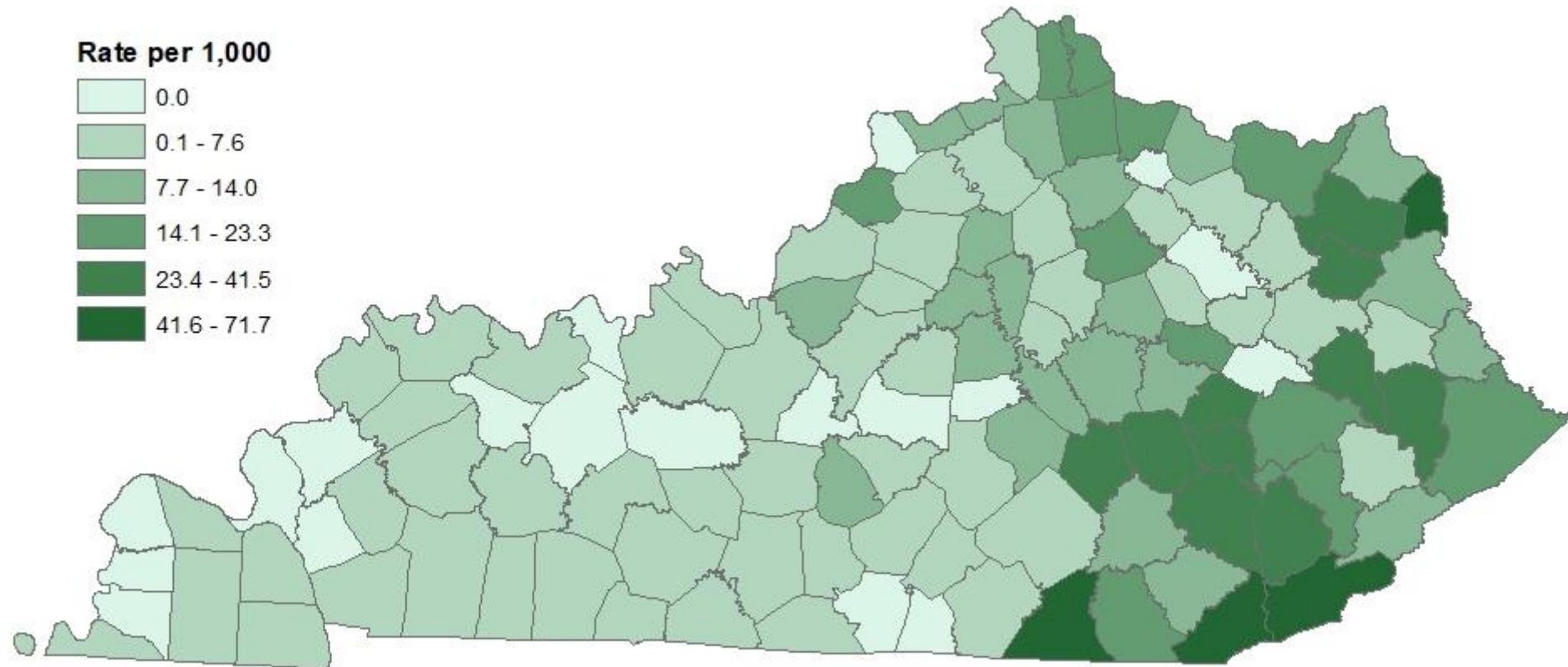
Produced by the Kentucky Injury Prevention and Research Center, July 2019. Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released 2018.

Reported Hepatitis C Status of Mother among Kentucky Resident Births, 2010 - 2018



Hepatitis C Infection reported on Birth Certificate - Kentucky's Office of Vital Statistics

Rate of Hepatitis C Infection among Pregnant Women per 1,000 Live Births, by County – Kentucky 2014-2016





Original Investigation | Obstetrics and Gynecology

Rates of New Persistent Opioid Use After Vaginal or Cesarean Birth Among US Women

Alex F. Peahl, MD; Vanessa K. Dalton, MD; John R. Montgomery, MD; Yen-Ling Lai, MSPH, MS; Hsou Mei Hu, PhD, MBA, MHS; Jennifer F. Waljee, MD

Abstract

IMPORTANCE Research has shown an association between opioid prescribing after major or minor procedures and new persistent opioid use. However, the association of opioid prescribing with persistent use among women after vaginal delivery or cesarean delivery is less clear.

OBJECTIVE To assess the association between opioid prescribing administered for vaginal or cesarean delivery and rates of new persistent opioid use among women.

DESIGN, SETTING, AND PARTICIPANTS This retrospective cohort study used national insurance claims data for 988 036 women from a single private payer from January 1, 2008, to December 31, 2016. Participants included reproductive age, opioid-naïve women with 1 year of continuous enrollment before and after delivery. For participants with multiple births, only the first birth was included.

Key Points

Question What are the rates of new persistent opioid use among women who receive an opioid prescription after undergoing vaginal or cesarean delivery?

Findings In this US national cohort study of 308 226 deliveries, women who received a peripartum opioid prescription had rates of new persistent opioid use of 1.7% for vaginal delivery and 2.2% for cesarean delivery. Prescription size and filling a prescription before delivery were associated with new persistent

Abstract

IMPORTANCE Opioid use during pregnancy and after birth is a public health concern. This study examines the rates of new persistent opioid use among women after birth.

OBJECTIVE To examine the rates of new persistent opioid use among women after birth.

DESIGN, SETTING, AND PARTICIPANTS This was a retrospective cohort study using data from the 2016 National Medical Expenditure Survey. Participants were women who gave birth in 2016. Enrollment began in 2016 and continued through 2017.

Findings In this US national cohort study of 308 226 deliveries, women who received a peripartum opioid prescription had rates of new persistent opioid use of 1.7% for vaginal delivery and 2.2% for cesarean delivery. Prescription size and filling a prescription before delivery were associated with new persistent opioid use.



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DOES INITIAL OPIOID ANALGESIC PRESCRIBING DIFFER BETWEEN OPIOID NAIVE VS. OPIOID EXPERIENCED BIRTHING MOTHERS?

Table 1		Opioid Naïve (No OA Previous 12 Months)							
#	Outcome Measures	2014		2015		2016		2017	
		SVD	CS	SVD	CS	SVD	CS	SVD	CS
0	Number of Births/Mothers	6,406	7,847	6,749	8,305	6,466	8,561	6,237	9,254
1	Average Dose per Rx (# of Pills)	23.36	30.40	22.82	30.81	22.19	30.24	20.45	29.14
2	Average Days' Supply per Rx (# of Days)	3.73	4.46	3.68	4.46	3.76	4.57	3.45	4.41
3	Average MME per Day/Rx (Morphine Mg Equiv.)	46.2	58.4	45.4	59.4	42.5	57.9	41.8	57.6

Table 2		Opioid Experienced (≥ 1 Rx OA Previous 12 Months)							
#	Outcome Measures	2014		2015		2016		2017	
		SVD	CS	SVD	CS	SVD	CS	SVD	CS
0	Number of Births/Mothers	1,954	2,285	1,851	2,350	1,800	2,264	1,501	2,190
1	Average Dose per Rx (# of Pills)	23.64	30.41	23.70	30.85	22.31	30.83	20.94	29.63
2	Average Days' Supply per Rx (# of Days)	4.08	4.62	3.99	4.65	3.96	4.94	3.70	4.69
3	Average MME per Day/Rx (Morphine Mg Equiv.)	43.7	57.8	44.6	59.7	41.8	55.6	40.6	57.1

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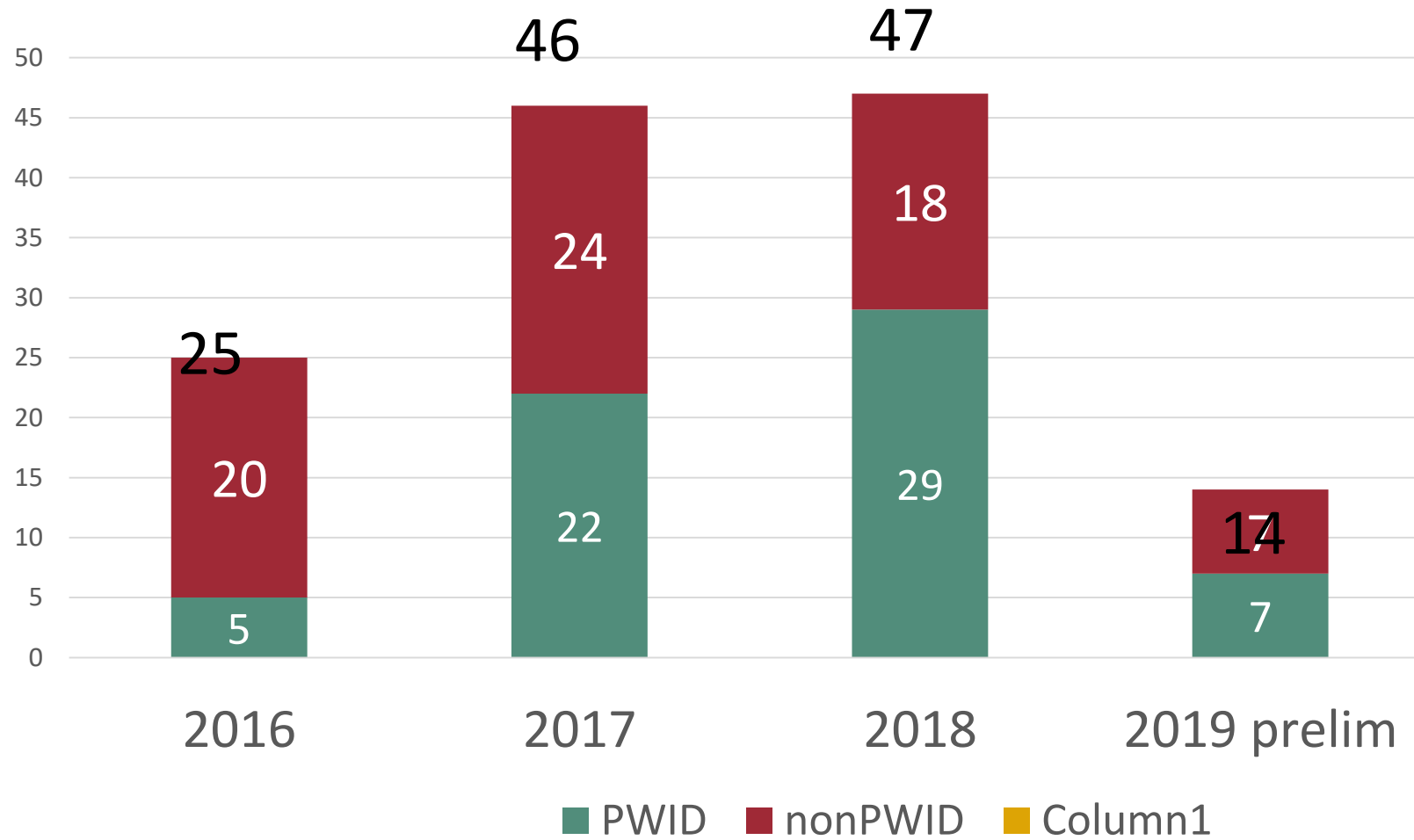
Table 3		ALL (Opioid Naïve + Opioid Experienced)							
#	Outcome Measures	2014		2015		2016		2017	
		SVD	CS	SVD	CS	SVD	CS	SVD	CS
0	Number of Births/Mothers	8,359	10,132	8,593	10,654	8,263	10,823	7,733	11,441
1	Average Dose per Rx (# of Pills)	23.43	30.40	22.98	30.84	22.22	30.37	20.52	29.23
2	Average Days' Supply per Rx (# of Days)	3.81	4.50	3.75	4.51	3.81	4.65	3.50	4.47
3	Average MME per Day/Rx (Morphine Mg Equiv.)	45.6	58.2	45.2	59.5	42.3	57.4	41.5	57.5

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Summary of Cases associated with the HIV Cluster Investigation in Northern Kentucky



PWID = Patients Who Inject Drugs
HIV reporting August 13, 2019

■ TOTAL CASES

connie.white@ky.gov



Kentucky Public Health
Prevent. Promote. Protect.

Rapid Heroin/Opioid/Other Drug Morbidity and Mortality Overdose Surveillance in Kentucky

August 16, 2019

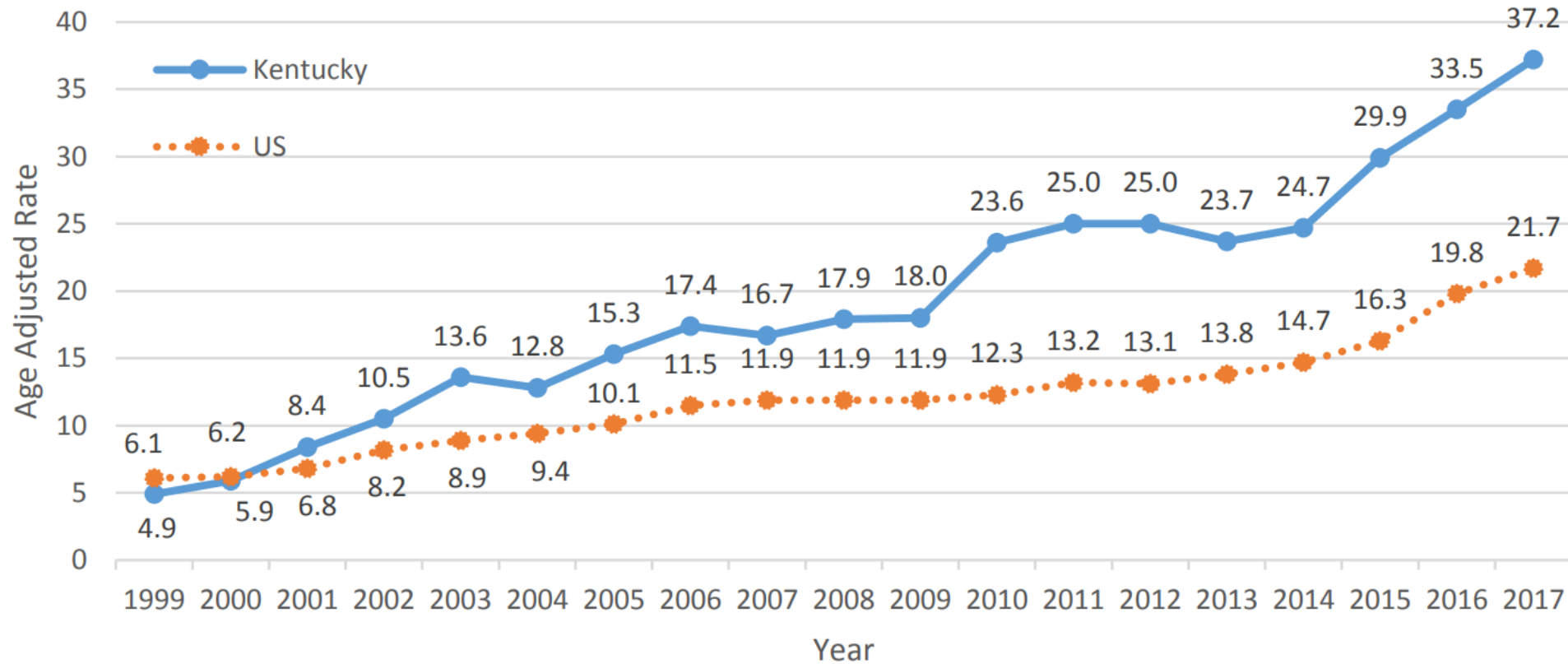
Peter Rock, MPH



Overview

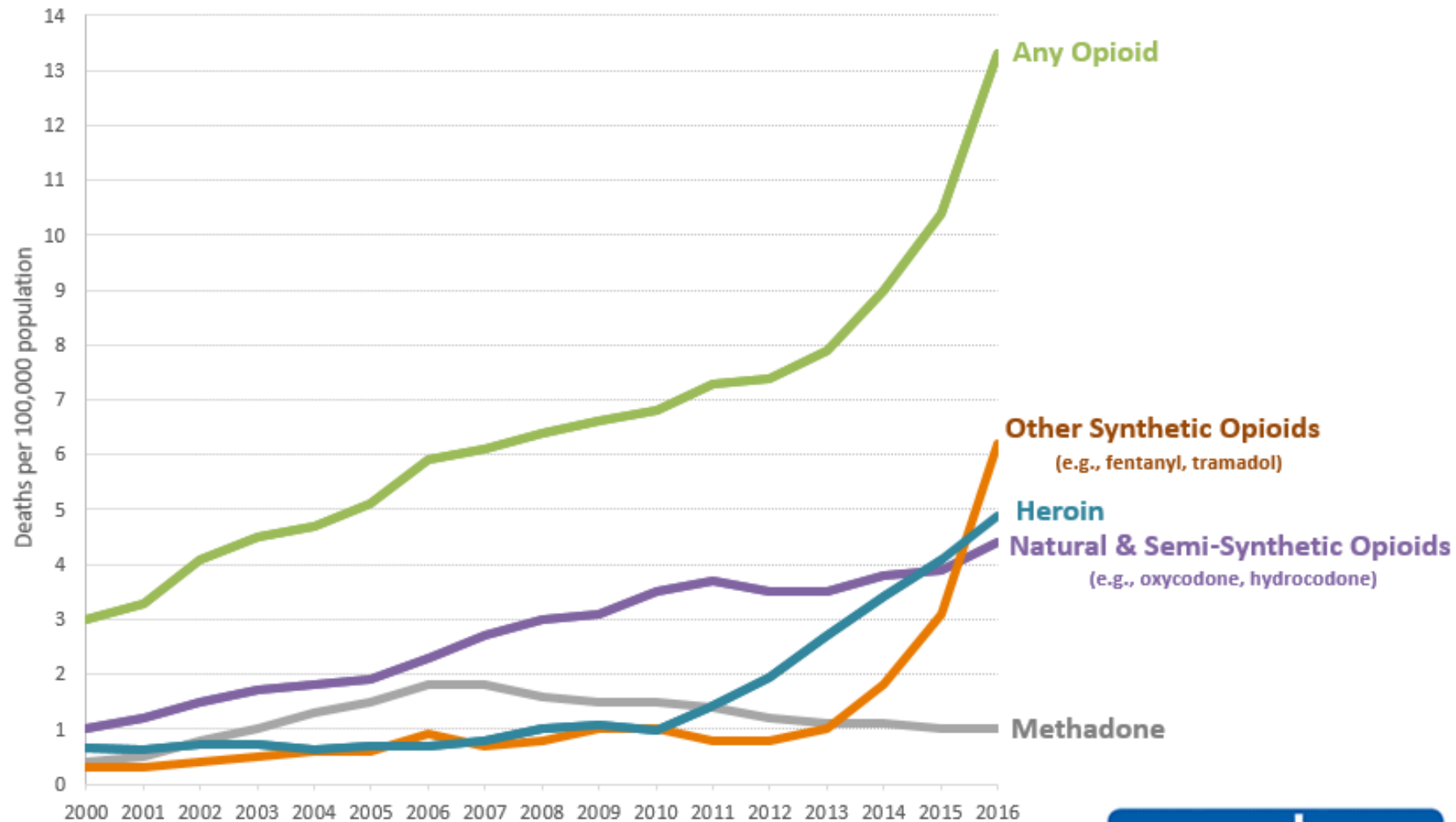
- Briefly cover:
 - Opioid/Heroin/Drug overdose trends
 - ESOOS grant (Primary goals of enhanced data surveillance timelines and quality)
 - Syndromic Surveillance
 - Drug overdose

Age-adjusted Drug Overdose Mortality Rates Among Kentucky and US Residents, 1999-2017



Produced by the Kentucky Injury Prevention and Research Center (KIPRC), as bona fide agent for the Kentucky Department for Public Health, December 2018. Data sources: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Dec 7, 2018. Data are provisional and subject to change.

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

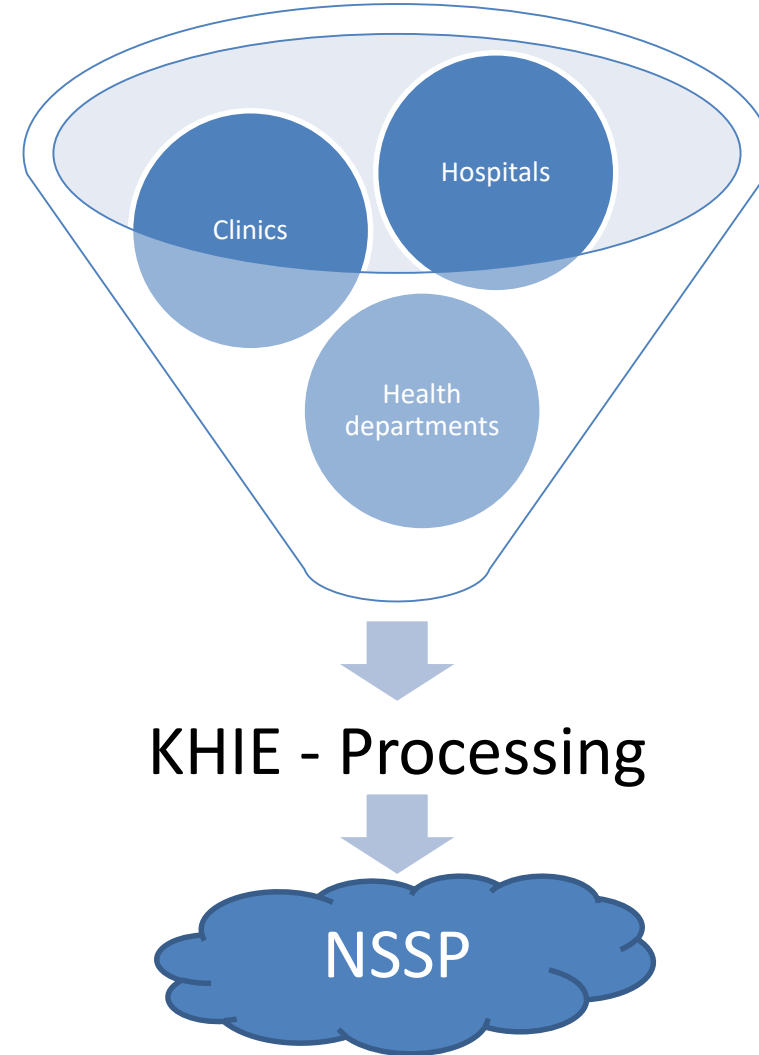
CDC ESOOS

- CDC's Enhanced State Opioid Overdose Surveillance grant
 - Awarded to 12 states in Sept. 2016, expanded to 32 states in Sept. 2017
 - Focus on increasing timelines of mortality and morbidity data
 - Drug Overdose Fatality Surveillance System (CDC PFS)
 - EMS – Kentucky State Ambulance Reporting System, Board of Emergency Medical Services.
 - Syndromic Surveillance – Rapid hospital ED data via ESSENCE/NSSP

Kentucky's Drug Overdose Morbidity Data

Rapid ED Surveillance Data

- In Kentucky, all data flows through Kentucky health Information Exchange (KHIE)
- Hospitals and clinics participate as part of EHR meaningful use



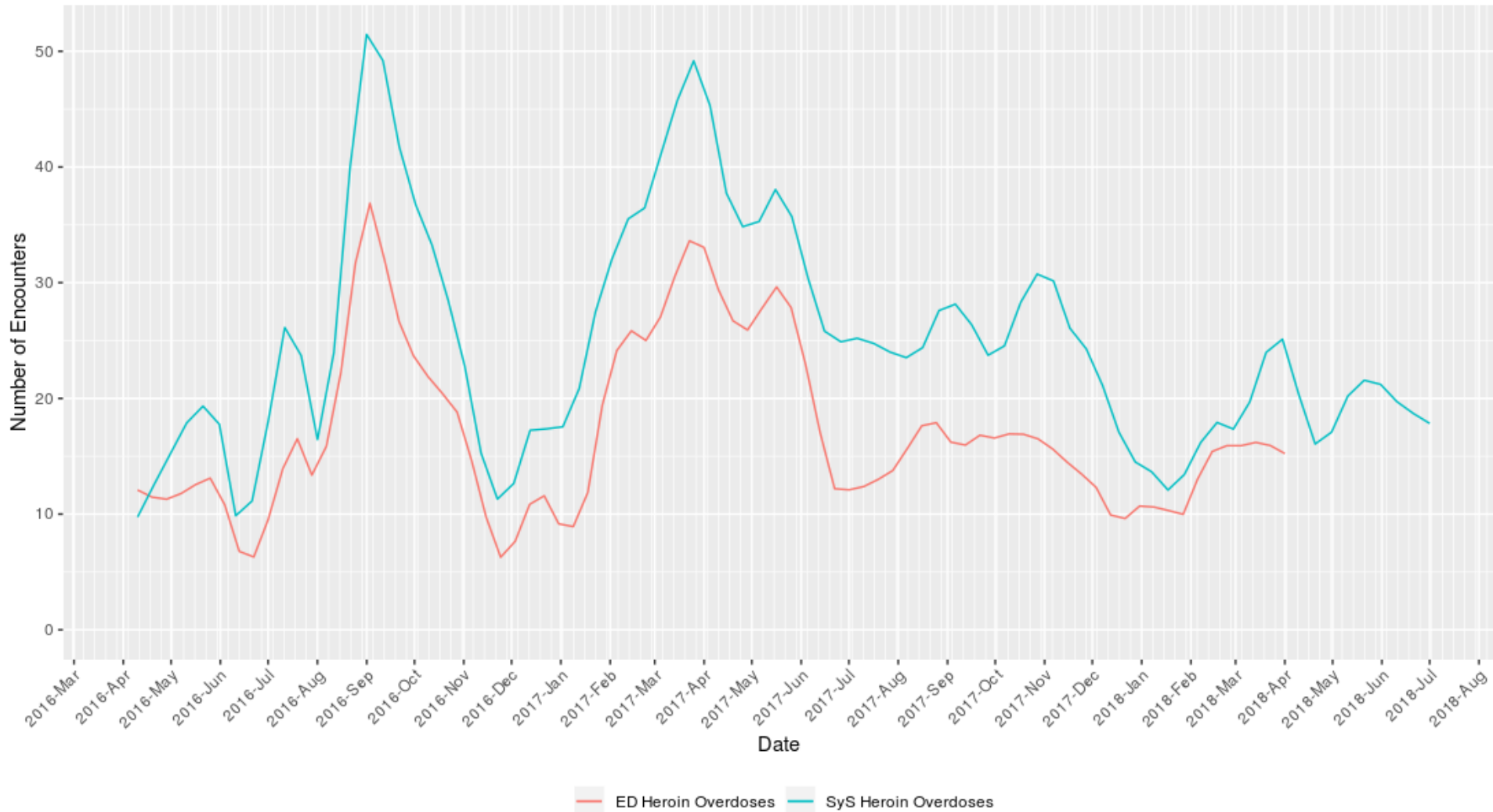
Data Sources

Data Sources	Timeliness	Important elements	Coverage
Traditional Surveillance			
Hospital administrative claims (traditional surveillance)	Quarterly extracts of ED discharges. Data is 3-6 months old when received.	Diagnosis codes, Demographics (age, race, sex, etc.), Zip-code/county of residence	100%
Rapid Surveillance			
Rapid Emergency Department (ED)	Similar to ED discharge data, Near real-time (visits detected in hours of visit).	Similar to discharge data with Some textual information (Chief complaint, triage notes, clinical impressions)	>95% of EDs

Examples of Data Use

Syndromic Surveillance/Traditional:

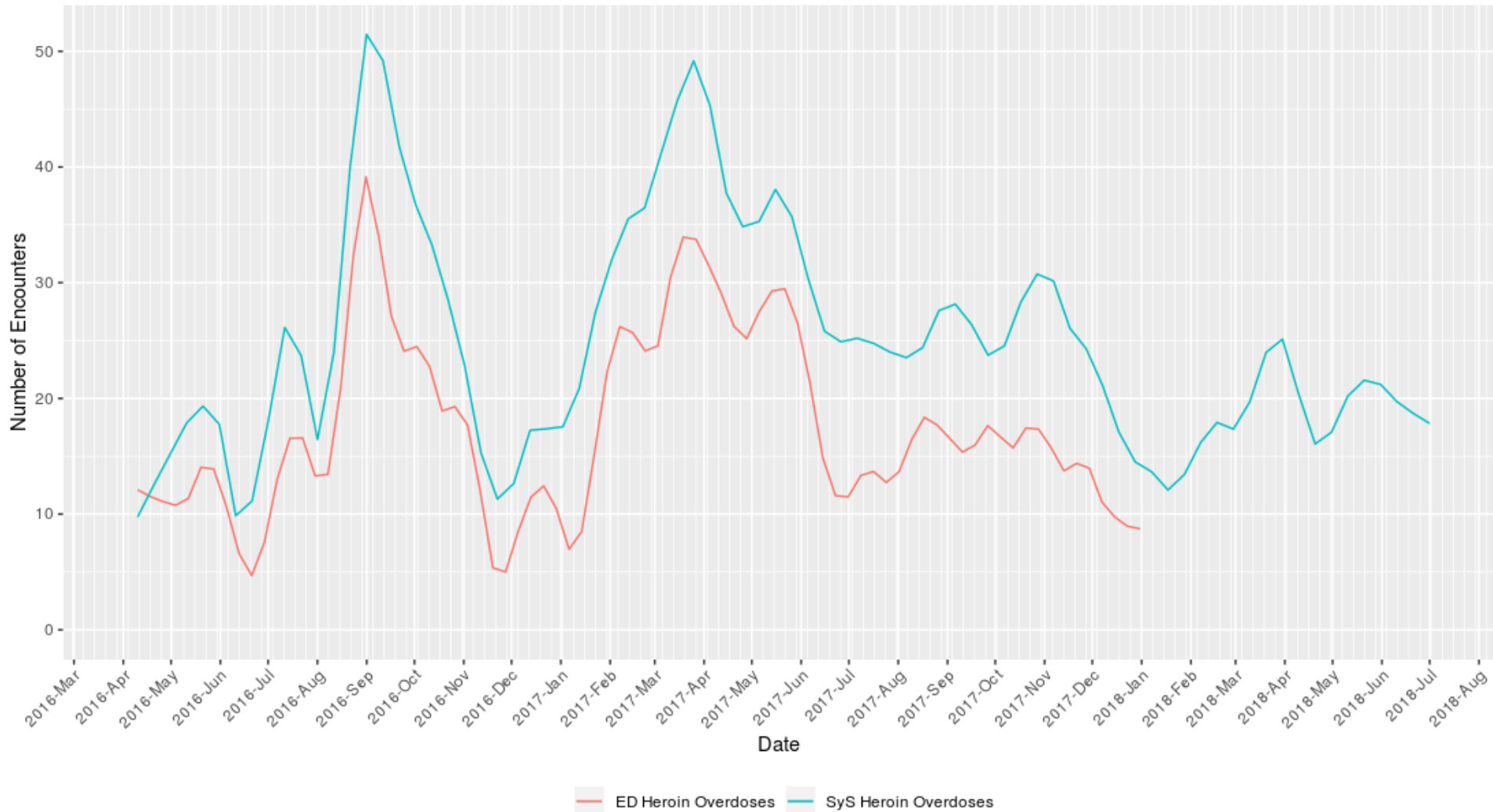
Heroin Overdoses in an Urban KY Region



Lines represent LOESS-smoothed trend

Syndromic Surveillance/Traditional:

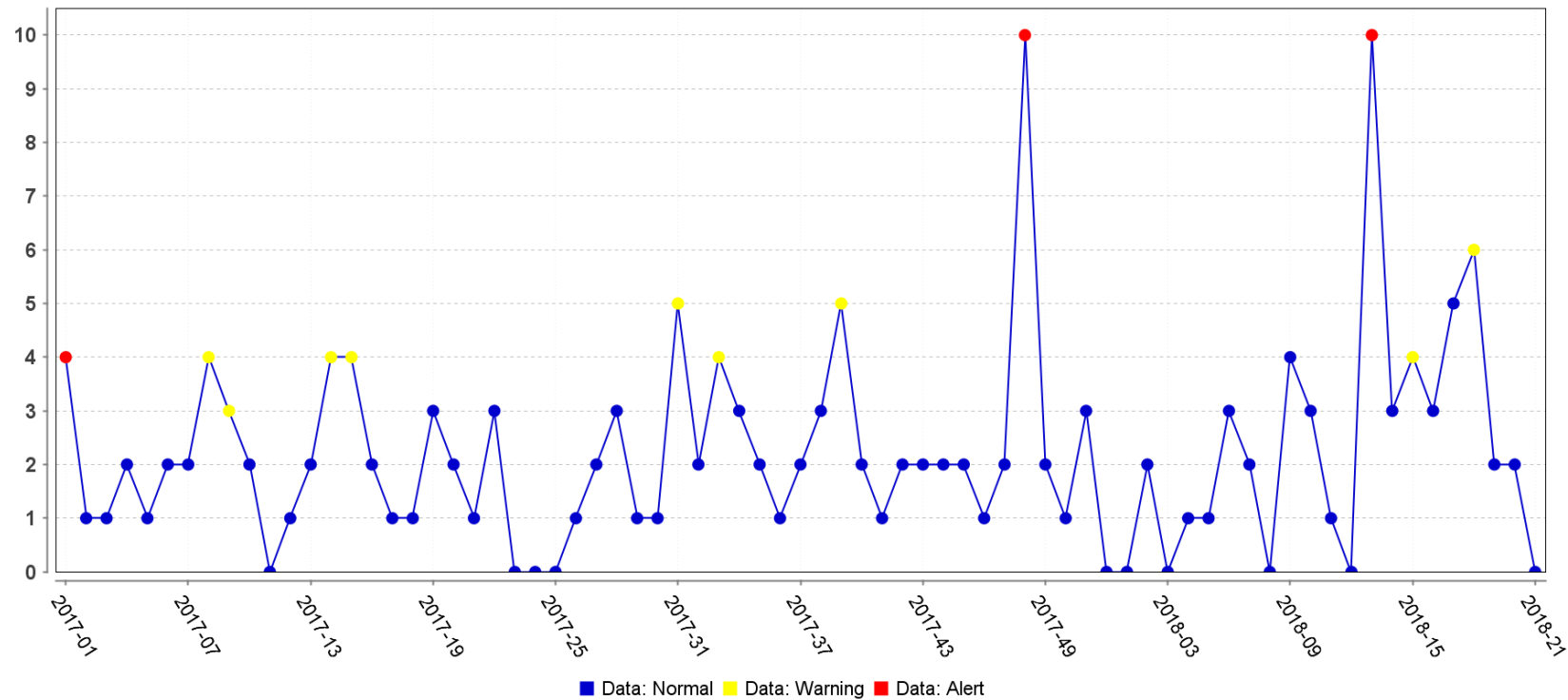
Heroin Overdoses in an Urban KY Region



Lines represent LOESS-smoothed trend

Monitoring Opioid Overdoses

Weekly Counts of Heroin Overdose ED Visits to Hospital X (June 1, 2017 – May 21, 2018)



Data source: National Syndromic Surveillance Program, BioSense Platform. Centers for Disease Control and Prevention. Accessed on 5/16/2018.

Major Takeaways

- Syndromic data coverage and quality has greatly increased.
- SyS enhances monitoring of opioid/heroin overdoses from 3-6 months to a few days.
- KIPRC/KDPH – KHIE partnership grown under ESOOS.
 - Enabled KDPH to apply for competitive funding.
- Participating hospitals have enhanced KY's public health surveillance.

This presentation was supported by Cooperative Agreement Numbers 6NU17CE924880-03-05, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Centers for Disease Control and Prevention.

Questions and Contact



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and Research Center
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Public Health

Svetla Slavova, Ph.D.

Associate Professor
Department of Biostatistics
Kentucky Injury Prevention
and Research Center
University of Kentucky, College
of Public Health

Transforming. Healthcare.



Tackling the Opioid Crisis in the Medicare Population

August 16, 2019

Mark Bush RN, MSN, PMHNP-BC



atom Alliance Partners

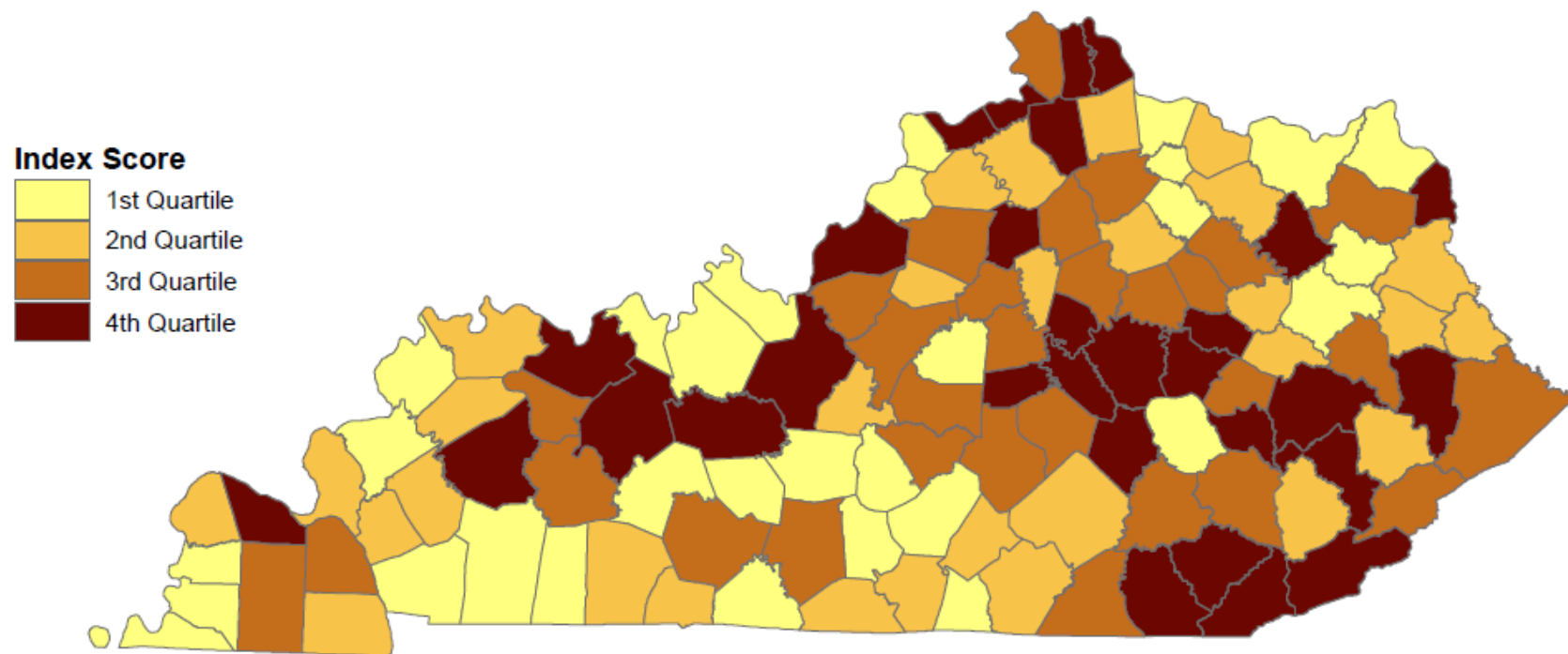


___ out of 4 people who used heroin misused prescription opioids first.

- a) 1
- b) 2
- c) 3



KY Drug Overdose Burden Index Score, 2016-2017



Index Score is calculated by averaging county ranks in the 1) drug overdose related fatalities; 2) drug arrest rates; 3) drug overdose related emergency department rates; and, 4) drug overdose related hospitalization rates. Produced by the Kentucky Injury Prevention and Research Center, as a bona fide agent for the Kentucky Department for Public Health. September 2018. Data Sources: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; Crime in Kentucky: Commonwealth of Kentucky Crime Reports, Kentucky State Police (KSP); Kentucky Outpatient Services Database, Office of Health Policy; Kentucky Inpatient Hospitalization Claims Files; Cabinet for Health and Family Services, Office of Health Policy. Data are provisional and subject to change.

Source: <http://www.mc.uky.edu/kiprc/Files/drug/2018/KyDrugOverdoseBurden2016-17.pdf>

HHS OIG Data Brief July 2017

“In addition to the risk of abuse, misuse, and diversion, opioids carry a number of health risks. Side effects from using opioids may include respiratory depression, confusion, tolerance, and physical dependence.⁴ For seniors, long-term use of prescription opioids also increases the likelihood of falls and fractures.⁵ For these reasons, it is essential that Medicare Part D beneficiaries only receive medically necessary opioids in the appropriate amounts. Prescribers play a crucial role in ensuring that beneficiaries receive appropriate amounts of opioids. ”

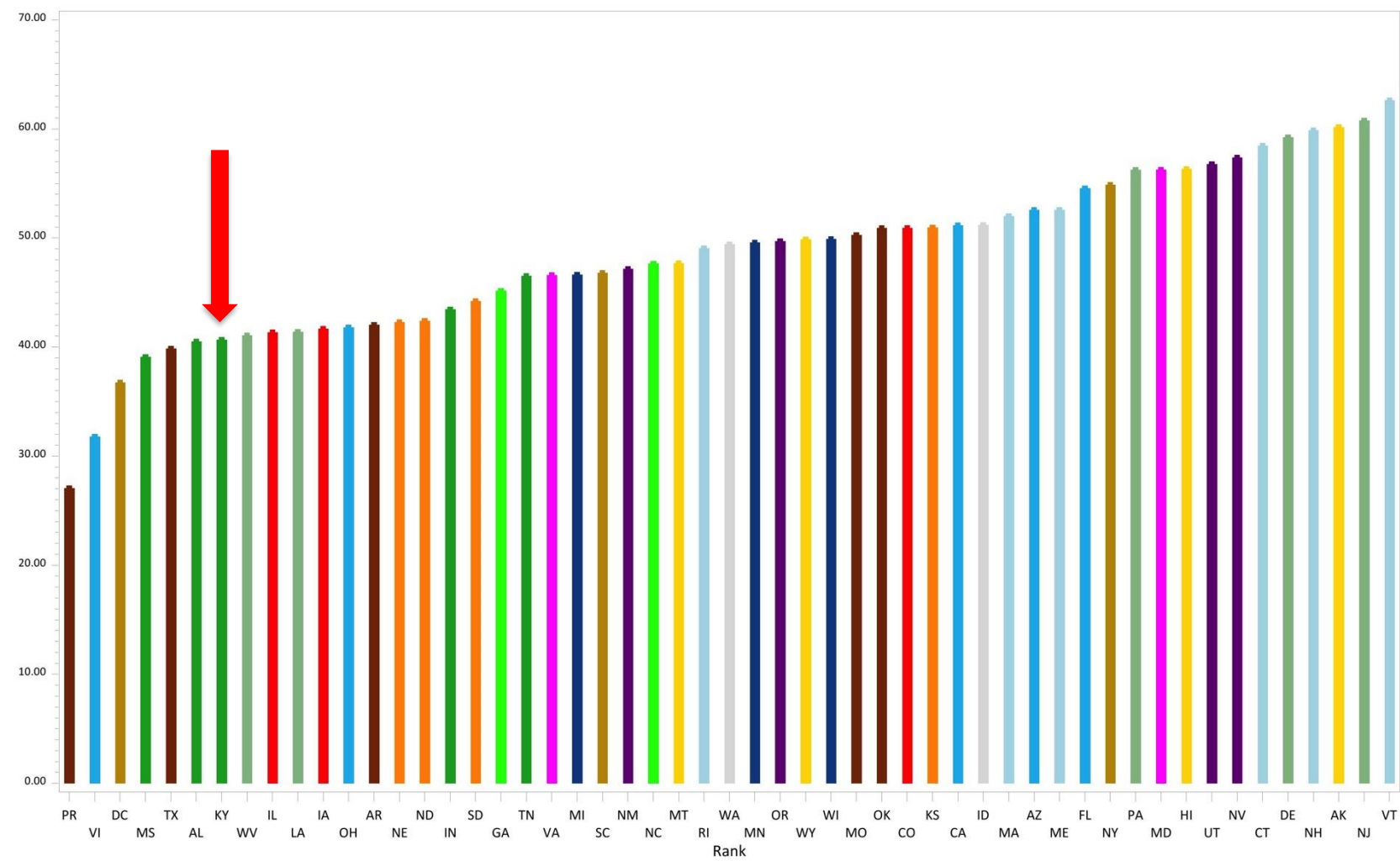
Source: OIG, “Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing,” <https://oig.hhs.gov/oei/reports/oei-02-17-00250.pdf>

SAMHSA/AoA 2016 Issue Brief

“Older adults [...] are likely to experience more problems with relatively small amounts of medications because of increased medication sensitivity as well as slower metabolism and elimination. [...] are at high risk for medication misuse due to conditions like pain, sleep disorders/insomnia, and anxiety that commonly occur in this population. [...] more likely to receive prescriptions for psychoactive medications with misuse and abuse potential, such as opioid analgesics for pain and central nervous system depressants like benzodiazepines for sleep disorders and anxiety.”

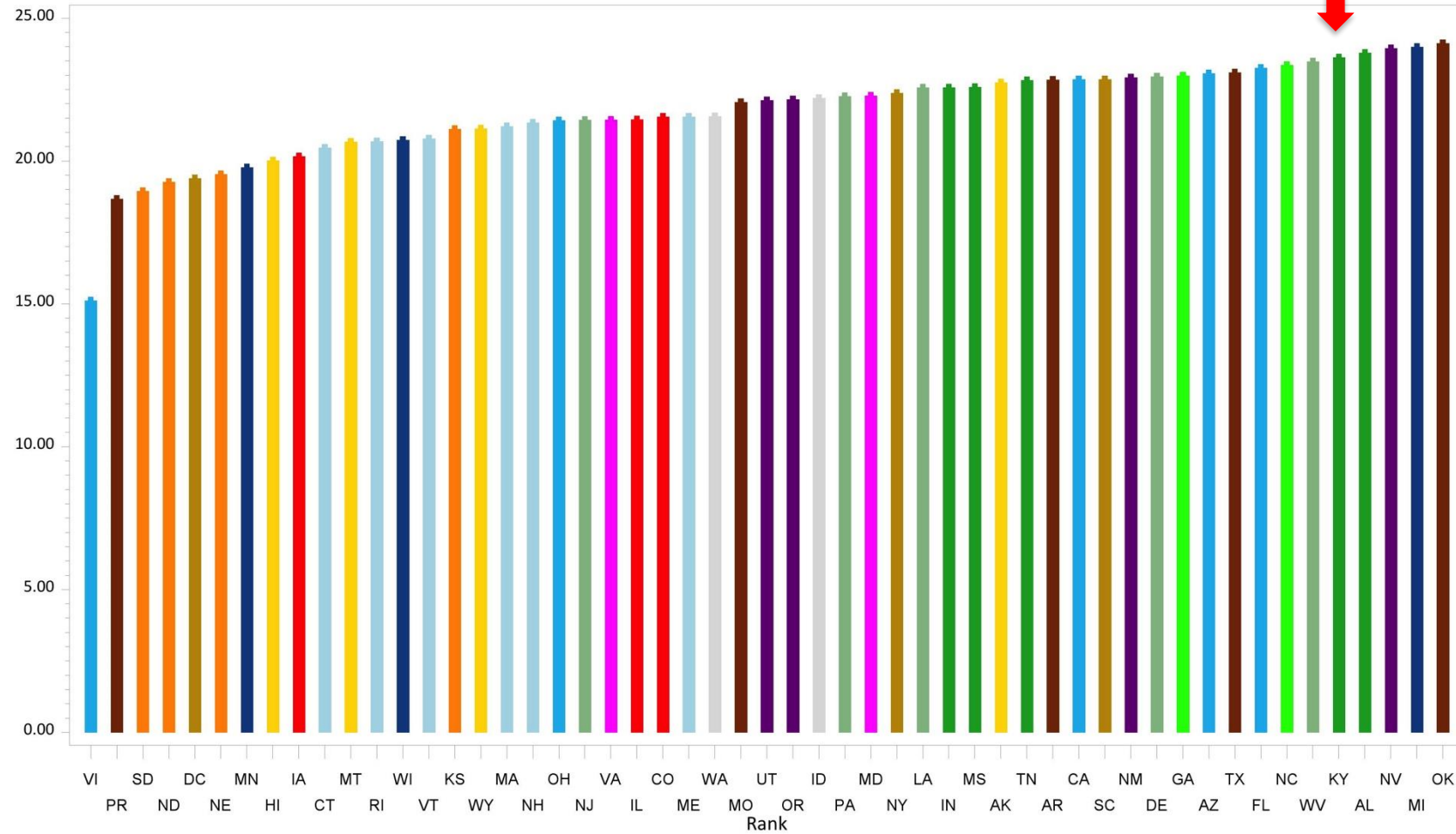
Source: SAMHSA, and Administration on Aging, “OLDER AMERICANS BEHAVIORAL HEALTH Issue Brief 5: Prescription Medication Misuse and Abuse Among Older Adults”,
<https://acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%205%20Prescription%20Med%20Misuse%20Abuse.pdf>

State Ranking Chart: Average MME per Opioid Claim
Oct 2016 - Sep 2017

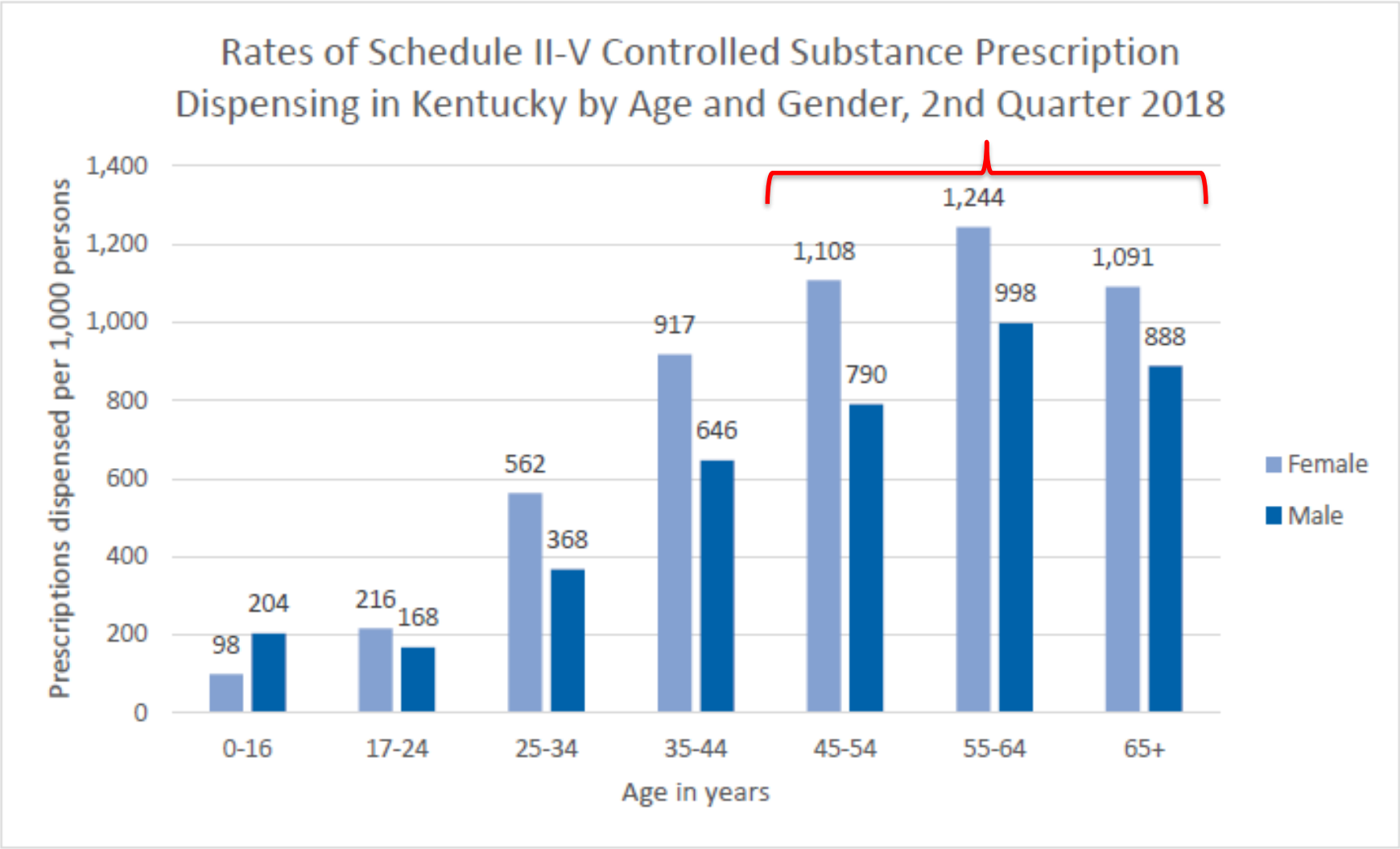


This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-QINNCC-02217-07/20/18

State Ranking Chart: Average Days' Supply per Opioid Claim Oct 2016 - Sep 2017

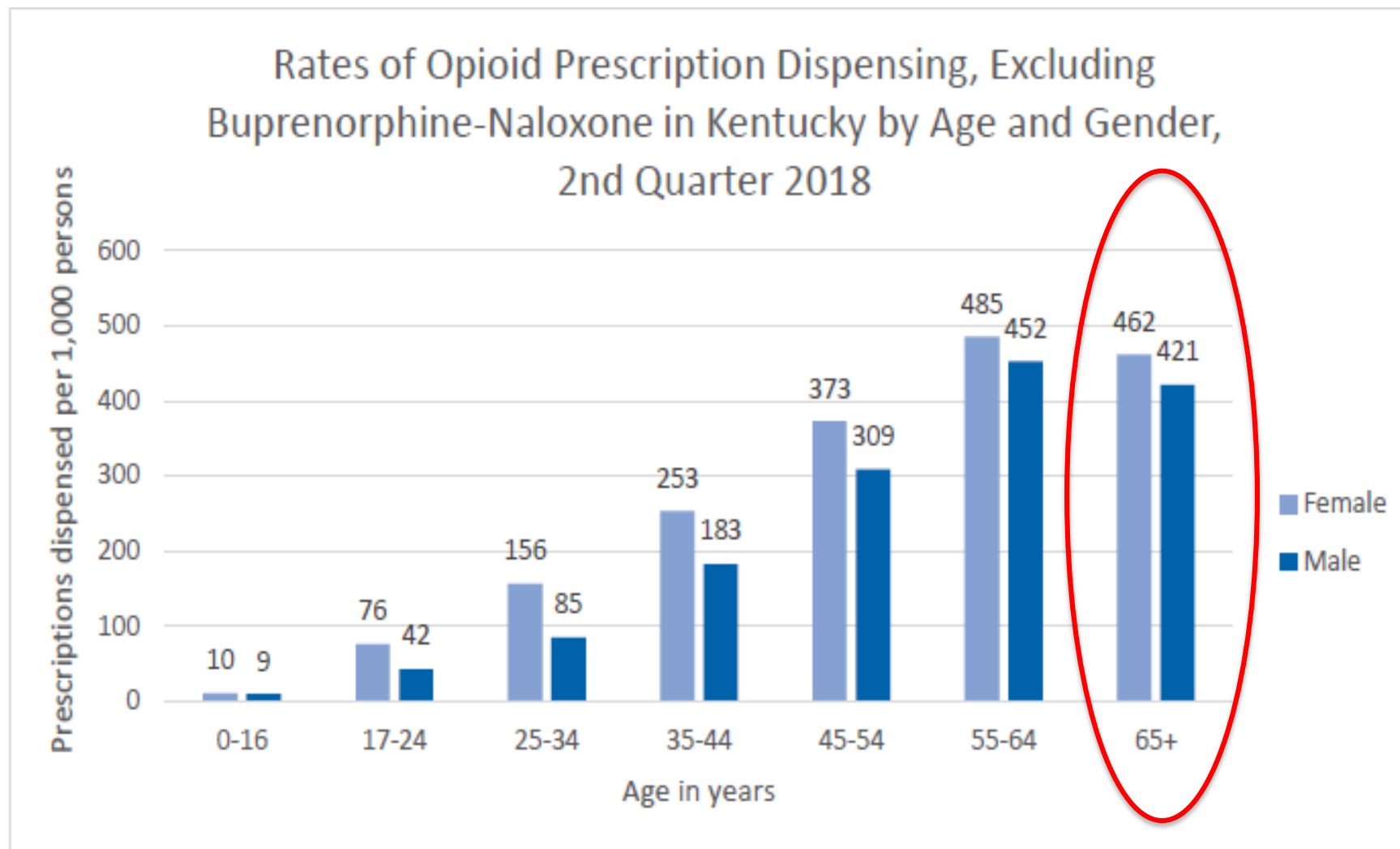


Schedule II-V Dispensing Rates



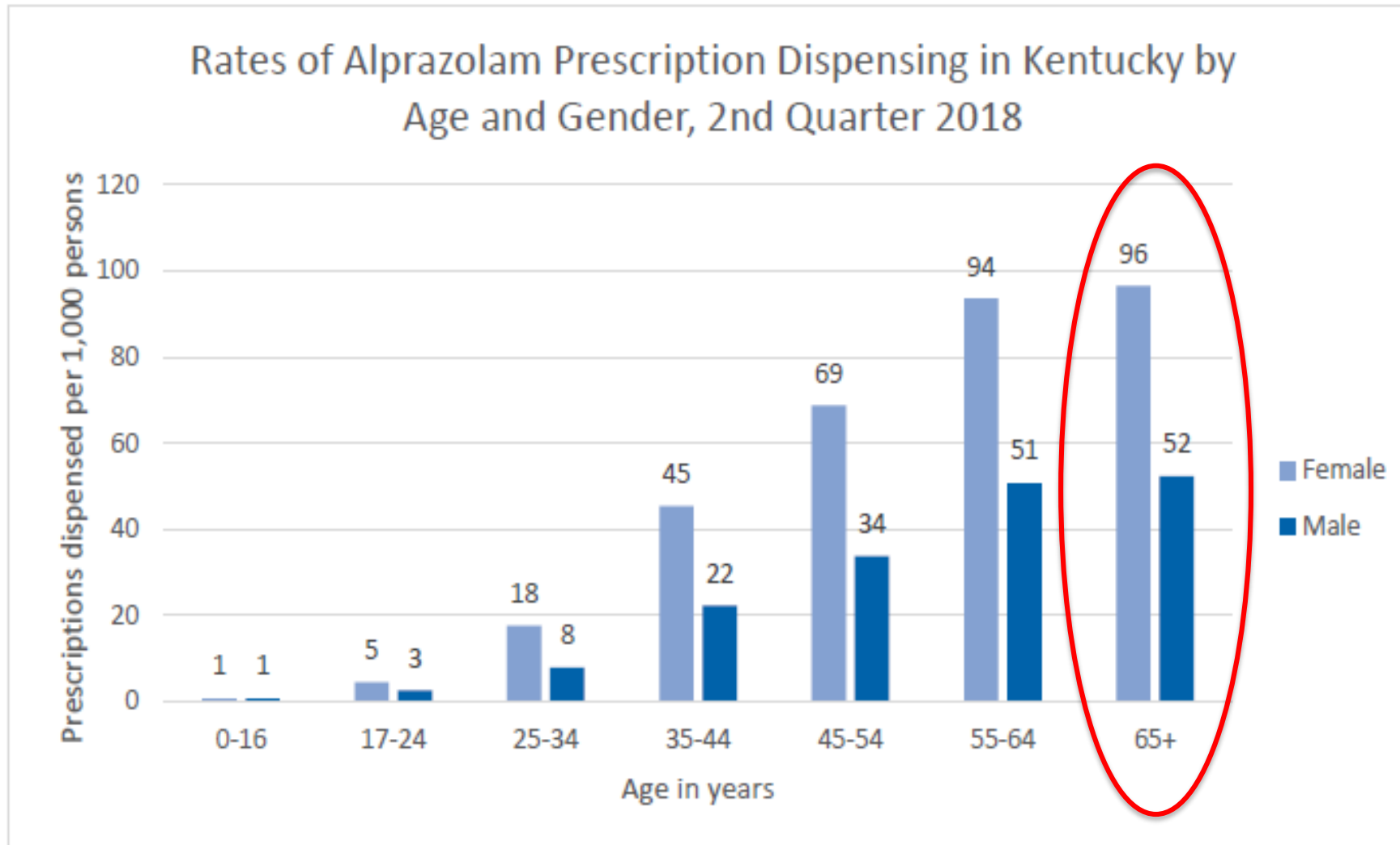
Source: KASPER Quarterly Threshold Report Second Quarter 2018,
https://chfs.ky.gov/agencies/os/oig/dai/deppb/Documents/KASPER_Quarterly_Threshold_Report_2Q_2018.pdf

Opioid Dispensing Rates



Source: KASPER Quarterly Threshold Report Second Quarter 2018,
https://chfs.ky.gov/agencies/os/oig/dai/deppb/Documents/KASPER_Quarterly_Threshold_Report_2Q_2018.pdf

Alprazolam Dispensing Rates



Source: KASPER Quarterly Threshold Report Second Quarter 2018,
https://chfs.ky.gov/agencies/os/oig/dai/deppb/Documents/KASPER_Quarterly_Threshold_Report_2Q_2018.pdf

FFS Beneficiaries: 4Q2017 Average MME

	Number of Opioid Beneficiaries	Morphine Milligram Equivalent Groupings				
		Beneficiaries with an Average MME Daily Dose (0 - 49 MME)	Beneficiaries with an Average MME Daily Dose (50 - 89 MME)	Beneficiaries with an Average MME Daily Dose (90 - 119 MME)	Beneficiaries with an Average MME Daily Dose (120 - 219 MME)	Beneficiaries with an Average MME Daily Dose (220+ MME)
		Percent	Percent	Percent	Percent	Percent
KY	95,169	33.05%	32.72%	9.84%	16.52%	7.88%
Nation	3,840,860	29.63%	27.24%	9.77%	18.91%	14.45%

CSAT Data (201802):
 Part D Prescription Drug Claims
 Part A Facility Claims
 Part B Prescriber Claims

FFS Beneficiaries: 4Q2017 Concurrent Opioid-Benzodiazepine Prescriptions

	Quarter	Concurrent Use of Benzodiazepine		
		Number of Opioid Beneficiaries	Beneficiaries with an Opioid Rx and Benzodiazepine Rx in Same Quarter	
			Count	Percent
KY	4Q2017	95,169	25,130	26.4%
Nation	4Q2017	3,840,860	948,363	24.7%

CSAT Data (201802):
 Part D Prescription Drug Claims
 Part A Facility Claims
 Part B Prescriber Claims

FFS Beneficiaries: CY 2017 Pharmacy Utilization

	Number of FFS Medicare Beneficiaries with an Opioid Fill During the Calendar Year	Number of Pharmacies Used to Fill Opioid Prescriptions in a Calendar Year				
		<i>Based on Opioid Beneficiaries with at least 5 Opioid Fills</i>				
		Beneficiaries Filling Opioid Rx at 1 Pharmacy	Beneficiaries Filling Opioid Rx at 2 Pharmacies	Beneficiaries Filling Opioid Rx at 3 Pharmacies	Beneficiaries Filling Opioid Rx at 4 Pharmacies	Beneficiaries Filling Opioid Rx at 5+ Pharmacies
		Percent	Percent	Percent	Percent	Percent
KY	74,958	69.4%	21.6%	6.2%	1.9%	0.9%
Nation	2,581,171	63.5%	24.4%	8.0%	2.6%	1.5%

CSAT Data (201802):
 Part D Prescription Drug Claims
 Part A Facility Claims
 Part B Prescriber Claims

FFS Beneficiaries: CY 2017 Naloxone Dispensing

	Number of FFS Medicare Beneficiaries with an Opioid Fill During the Calendar Year	Naloxone		
		Number of FFS Opioid Beneficiaries w/ 50+ MME Total Daily Dose	FFS Opioid Beneficiaries Receiving 50+ MME with Naloxone Rx in Same Calendar Year	
			Count	Percent
KY	74,958	41,522	512	1.2%
Nation	2,581,171	1,966,869	35,039	1.8%

CSAT Data (201802):
 Part D Prescription Drug Claims
 Part A Facility Claims
 Part B Prescriber Claims

CMS Opioid Strategy

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic and is focused on three key areas:



PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids



TREATMENT

Expand access to treatment for opioid use disorder



DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

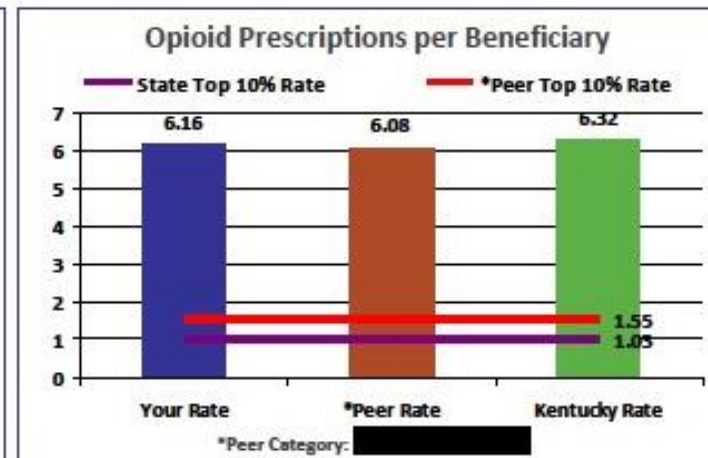
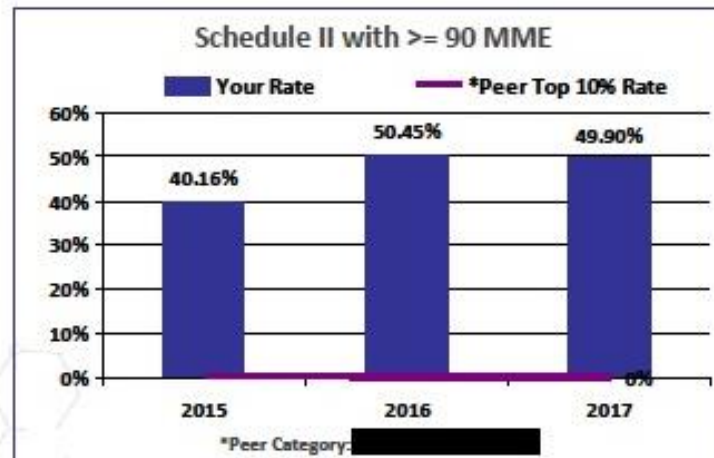
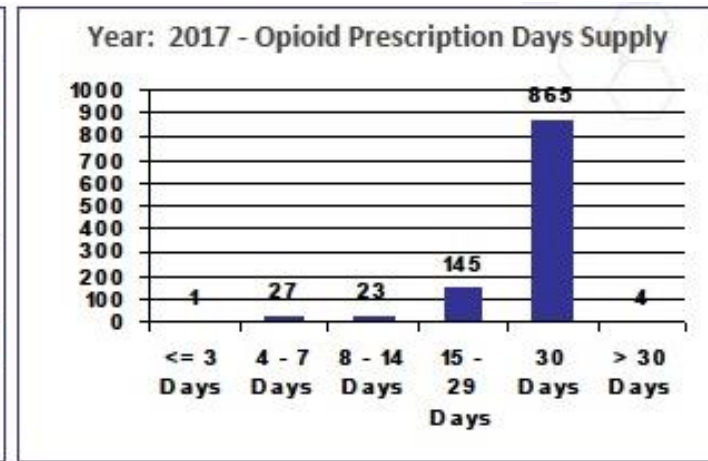
Source: CMS Roadmap: Fighting the Opioid Crisis <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

Example Opioid Dashboard

Year: 2017

Your Opioid Prescriptions per Beneficiary*	6.16
Your Total Opioids Days Supply per Beneficiary	170
Your Beneficiaries That Received an Opioid Prescription	173
Your Total Number of Opioid Prescriptions	1065
Your Average MME per Prescription**	108.49

*Red when greater than peer average
**Red when greater than CDC recommendation (50 MME)



Data Source: Medicare Part D Claims Data
All analysis includes Medicare Beneficiaries
with Medicare Part D Prescription Coverage only

Resources to Help You

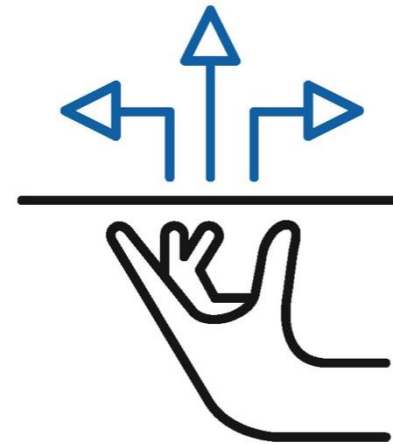
- **Provider Resources**

- CDC Guidelines for Prescribing
- Kentucky Prescription Medication Disposal Locations
 - <https://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx>
- Kentucky Stop Overdoses Naloxone and Needle Exchange Locations
 - <https://odcp.ky.gov/Stop-Overdoses/Pages/Locations.aspx>
- Kentucky FindHelpNow Treatment Locations
 - <https://findhelpnowky.org/>
- Opioid Tapering Toolkit
 - <http://www.resources.exchange/times/>
- Kentucky Opioid Stewardship and the Quality Payment Program
- Acute Pain Relief Prescription Pads

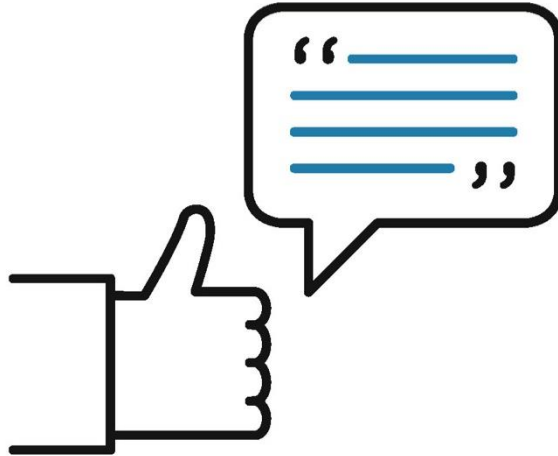
Resources to Help You Cont'd

- **Patient Resources**

- Opioids Commonly Prescribed for Pain
- Eight Opioid Safety Principles for Patients and Caregivers
- Be Opioid Aware Word Search



Contacts



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This material was prepared by atom Alliance, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), coordinated by Qsource for Tennessee, Kentucky, Indiana, Mississippi and Alabama under a contract with the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), a federal agency of the U.S. Department of Health and Human Services. Content does not necessarily reflect CMS policy. 19.ASG1.08.032



Office of Inspector General Kentucky All Schedule Prescription Electronic Reporting (KASPER)

**Jill Lee, RPh
Drug Enforcement and Professional Practices Branch
Office of Inspector General
Kentucky Cabinet for Health and Family Services**

**Kentucky eHealth Summit
August 16, 2019**

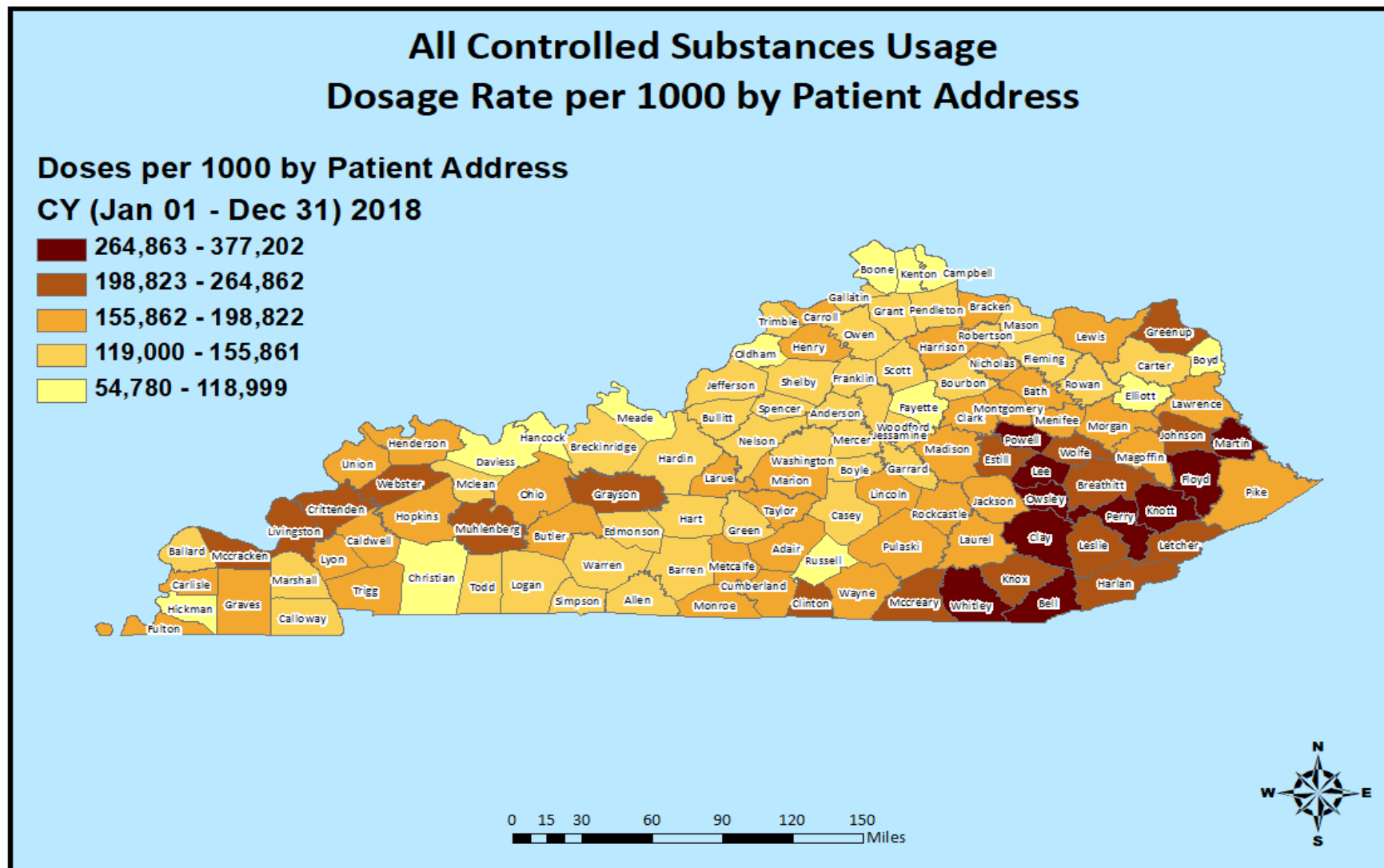
What do we do at OIG-DEPPB?

- Investigate complaints on:
 - Patients
 - Doctor Shoppers
 - Forged prescriptions
 - Prescribers
 - Pill Mill
 - Bad combinations
 - Outside scope of normal practice
 - Pharmacists
 - Filling any and all prescriptions
 - Filling unlawful/improper prescriptions
- Operate the KASPER program
- Train providers about KASPER and proper prescribing

What is KASPER?

KASPER tracks **Schedule II, III, IV, and V** **controlled substance prescriptions** **dispensed within the state** as reported by pharmacies and other dispensers, and provides a tool to help address the misuse, abuse and diversion of controlled pharmaceutical substances.

Controlled Substance Usage 2018



House Bill 1 Controlled Substance Dispensing Comparison

Drug	July 2011 through June 2012	July 2018 through June 2019	Percent Change
Opioid Analgesics	5,762,843	3,770,735	-35%
Opioid Analgesic Average Daily MED	45	39	-13%
Benzodiazepines and Other Sedatives	2,666,208	1,683,861	-37%
Stimulants	1,171,718	1,455,651	+24%
Gabapentin	Not Scheduled	1,759,496	
Buprenorphine/ Naloxone	331,190	1,053,251	+218%
All Controlled Substances	11,992,912	11,194,891	-7%

All figures based on dispensed controlled substance prescription data reported to KASPER

KASPER Accounts

- In 2012, with legislation known as House Bill 1, KASPER registration became **mandatory** for Kentucky practitioners or pharmacists authorized to prescribe or dispense controlled substances to humans (KRS 218A.202).
- And KRS 218A.172 required Boards to create a regulations prescribing or dispensing controlled substances which included mandatory KASPER queries.

Controlled Substance Misuse and Abuse

Still a serious problem.....

Michael Ingram, R.Ph., PharmD



Michael Ingram, who owned and operated Hometown Pharmacy of Georgetown, was sentenced October 2017 to eight years in federal prison and forfeit \$450,000 for Conspiracy to Distribute Oxycodone and Money Laundering.

Dr. Michael Lee Cummings



Dr. Michael Lee Cummings, 64, of Albany KY was sentenced on July 24, 2019 to 30 months of prison and ordered to pay a fine of \$400,000 for knowingly and intentionally dispensing opioids without a medical purpose outside the course of professional medical practice.

Quarterly KASPER Reviews

- In 2017, House Bill 333 required CHFS to conduct quarterly reviews to identify patterns of improper, inappropriate or illegal controlled substance prescribing or dispensing
 - OIG working with licensure boards to review criteria by quarter
 - Kentucky Opioid Response Effort grant from SAMHSA funds an epidemiologist to proactively analyze KASPER data

KASPER updates

- Gabapentin added as a Schedule V controlled substance in Kentucky (902 KAR 55:015) July 2017
- Prescriber Report Cards February 2018
- KASPER allows authorized users to access data on a patient's drug convictions as provided by the Administrative Office of the Courts June 2018
- Interstate Data Sharing ongoing
- Secure Online Portal (KOG) transition May 2019

OIG Overdose Death Notification Project

Letters to practitioners who prescribed one or more opioid prescriptions that were active at the time of their patient's death where underlying cause was drug poisoning.

CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

Matthew G. Bevin
Governor

275 East Main Street, 5E-A
Frankfort, KY 40621
(502) 564-2888
Fax: (502) 564-6546
<https://chfs.ky.gov/agencies/os/oig>

Adam M. Meier
Secretary

Steven D. Davis
Inspector General

August 9, 2019

Dear Peter Prescriber:

This letter is to inform you of the death of a patient formerly under your care. Records from the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system reflect that you prescribed one or more opioid analgesics that were active at the time of the patient's death.

PATIENT NAME	PATIENT DATE OF BIRTH	PATIENT DATE OF DEATH
KEVIN JONES	JANUARY 15, 1980	FEBRUARY 12, 2018

Patient Information

The death certificate indicates prescription opioids contributed to this patient's death whose underlying cause of death was drug poisoning. It has not been determined that the care and treatment you provided was substandard. The purpose for providing you with this information is to assist you with safe and effective prescribing.

Important tips on managing pain and prescribing opioids:

1. Use KASPER and the interstate data-sharing feature to verify the patient's controlled substances history.
2. Adhere to your licensure board's professional standard for prescribing controlled substances and the U.S. Centers for Disease Control safe opioid prescribing guidelines, including the following:
 - a. For acute pain, prescribe the lowest effective dose of immediate-release opioids for the shortest duration. Evaluate the patient for substance use disorder and risk of harm prior to prescribing, and discuss alternative treatments such as NSAIDs, APAP, and ice packs to shorten the duration of use. Patients rarely need more than a few days' supply of opioids.
 - b. For chronic pain, prescribe only if benefits for pain and function outweigh risks to the patient. If opioids are used, combine with non-opioid treatments such as exercise, non-opioid medications and cognitive behavioral therapy.
 - c. Avoid co-prescribing opioids, benzodiazepines and other sedatives, which increases overdose risk.
 - d. Avoid increasing the dosage to ≥ 50 MME/day, or carefully assess individual benefits and risks.
3. Offer overdose education and naloxone when prescribing opioids to at-risk patients. www.prescribetoprevent.org
4. Learn how to recognize opioid use disorder and find treatment options for your patient at www.findhelpnowky.org or call 833-8KY-HELP (833-859-4357).
5. Complete the SAMHSA training to obtain a DEA DATA waiver that will allow you to provide medication assisted treatment for patients with opioid use disorder.

Treatment
Resource
Locator:
findhelpnowky.org

Please contact the Drug Enforcement and Professional Practices Branch at 502-564-7985 for more information.

Tips on
managing
pain and
prescribing
opioids

Future Updates

- Positive drug toxicity screen results flagged on KASPER and available for viewing through the Governor's Office of Electronic Health Information (Kentucky Health Information Exchange) Late 2019
- Enhanced Provider Report Card Fall 2019
- Rewrite of KASPER System Late 2020
- Mandatory Electronic Prescribing for controlled substances Jan 2021

QUESTIONS?

**Jill Lee RPh
Kentucky Cabinet for Health and Family Services
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Frankfort, KY 40621
502-564-2815 ext. 3356
JillE.Lee@ky.gov**

KASPER Web Site: www.chfs.ky.gov/KASPER





KENTUCKY

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.

Making A Difference



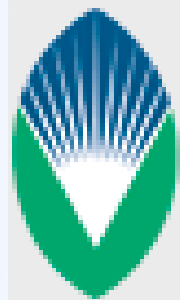
Making A Difference



Making A Difference



Making A Difference



ROCKCASTLE
REGIONAL
HOSPITAL ■ RESPIRATORY CARE CENTER

Breathing *Life* into Healthcare.





KENTUCKY

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.

eHealth ExchangeTM

The Largest Health Information Network in the United States

Roadmap to Improve Patient Care

Kentucky eHealth Summit

Jay Nakashima



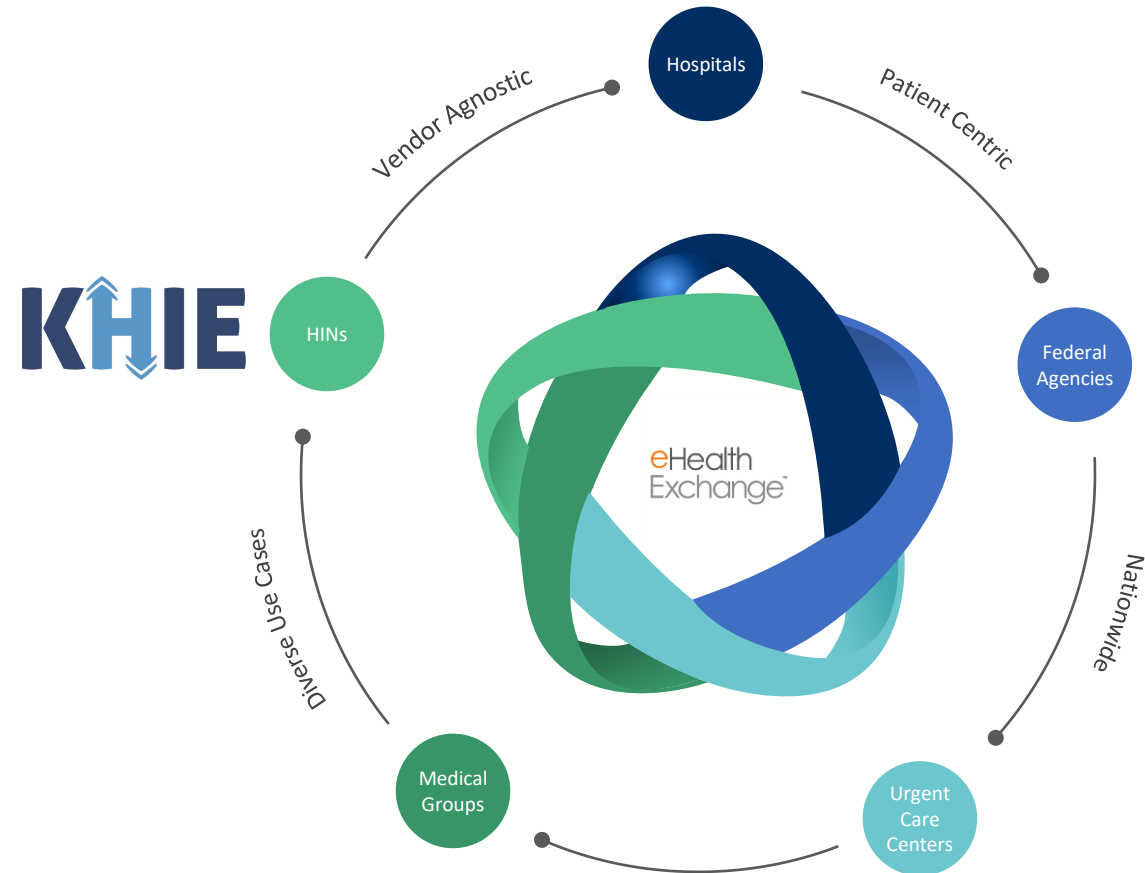


Health Information Network (HIN) Landscape

eHealth ExchangeTM

Why are Health Information Networks (HINs) relevant?







- Facilitate electronic exchange of patients' medical information
- Improve the speed, quality, safety, and cost of patient care
- Inform clinical decisions **when seconds and minutes matter**



What is the eHealth Exchange?



What is the eHealth Exchange?

We Connect		
	All 50 States	70,000 Medical Groups 
	Four Federal Agencies (DoD, VA, CMS, SSA)	5,200 Dialysis Centers 
	75% of U.S. Hospitals	8,300 Pharmacies 
61 Regional and State HINs		
Supporting more than 120 million patients		


The Largest
Health
Information
Network
(HIN) in the
United States



+ Connectivity with **carequality**-enabled HINs

Who are the other networks?

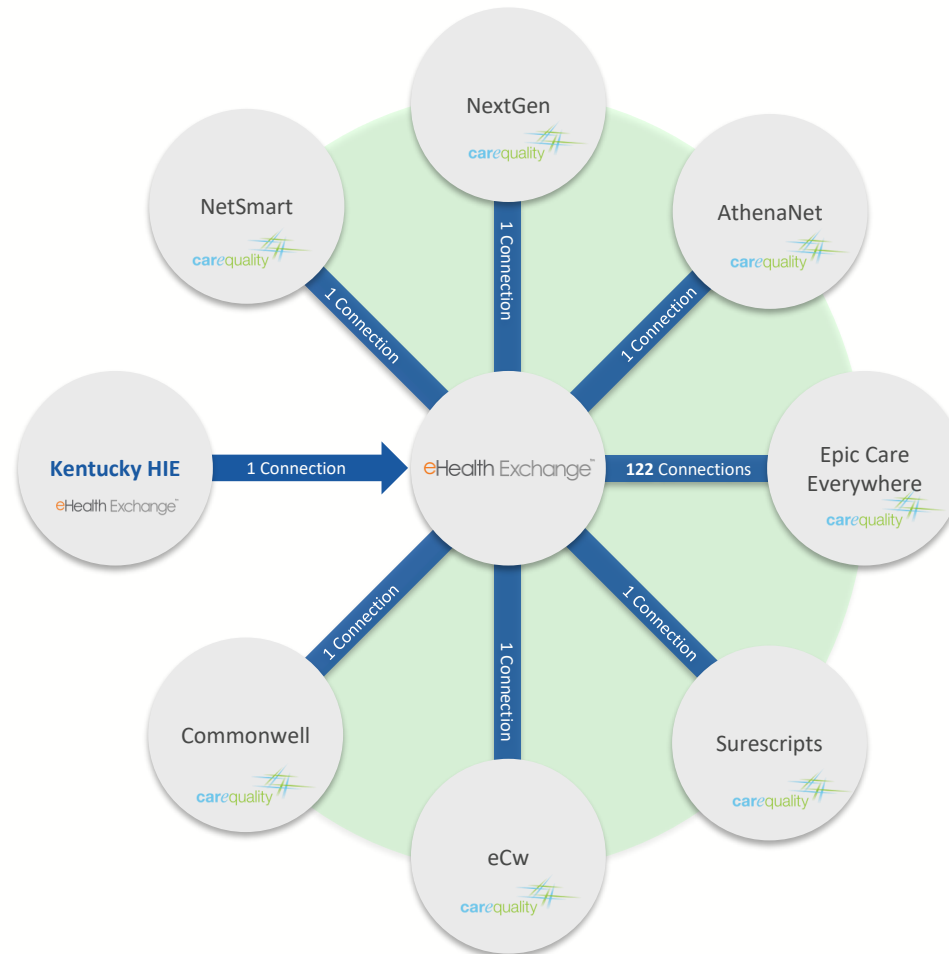
State & Regional HINs

- Kentucky Health Information Exchange 
- Health Collaborative
- Clinisynch
- West Virginia HIN
- Indiana HIN
- East Tennessee HIN
- etc

National HINs

- eClinicalWorks Network
- NextGen Network
- Netsmart Network
- Epic Care Everywhere
- CommonWell
- Surescripts
- etc

What is Carequality?





eHealth Exchange Roadmap

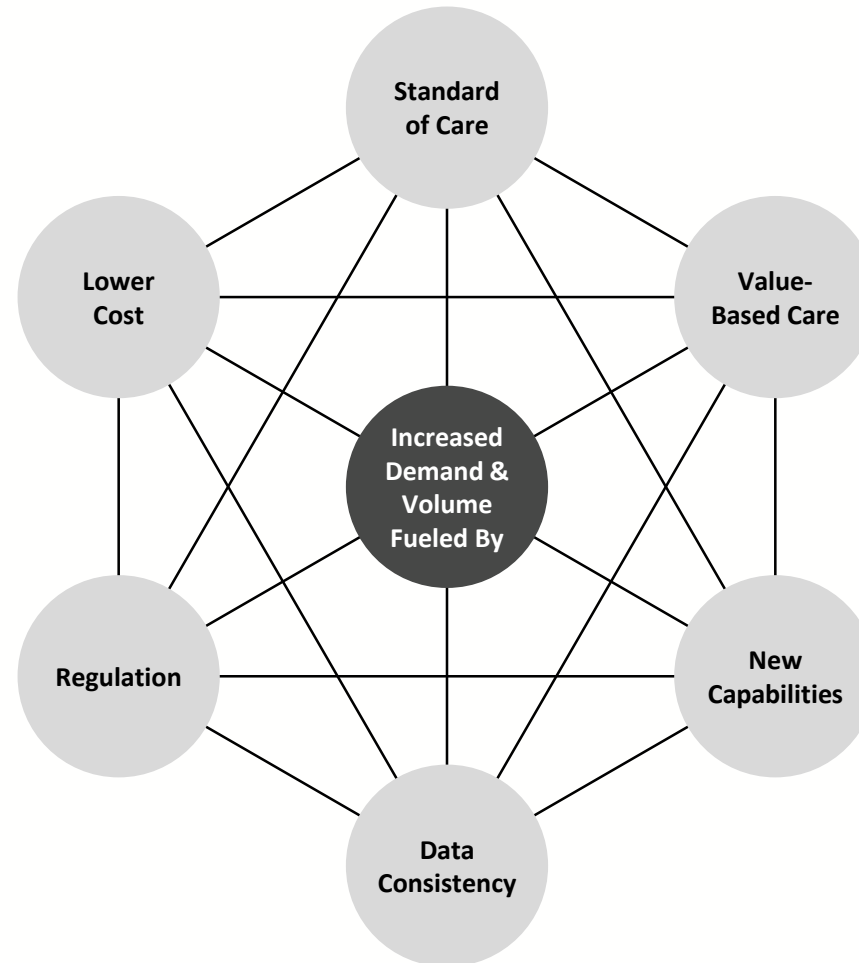
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eHealth ExchangeTM

Roadmap

- Business Drivers
- Challenges & Opportunities
- Strategies to Achieve Goals & Objectives

Business Drivers



Key Issues to Solve

Complexity & Expense

Broad connectivity must be cheaper and easier

Opportunities

Centralization
Purposes of Use
PULSE

Reach

Participants need access to additional networks

Carequality
PDMP

Timeliness

- Need to coordinate care sooner
- Must complement reactive searches

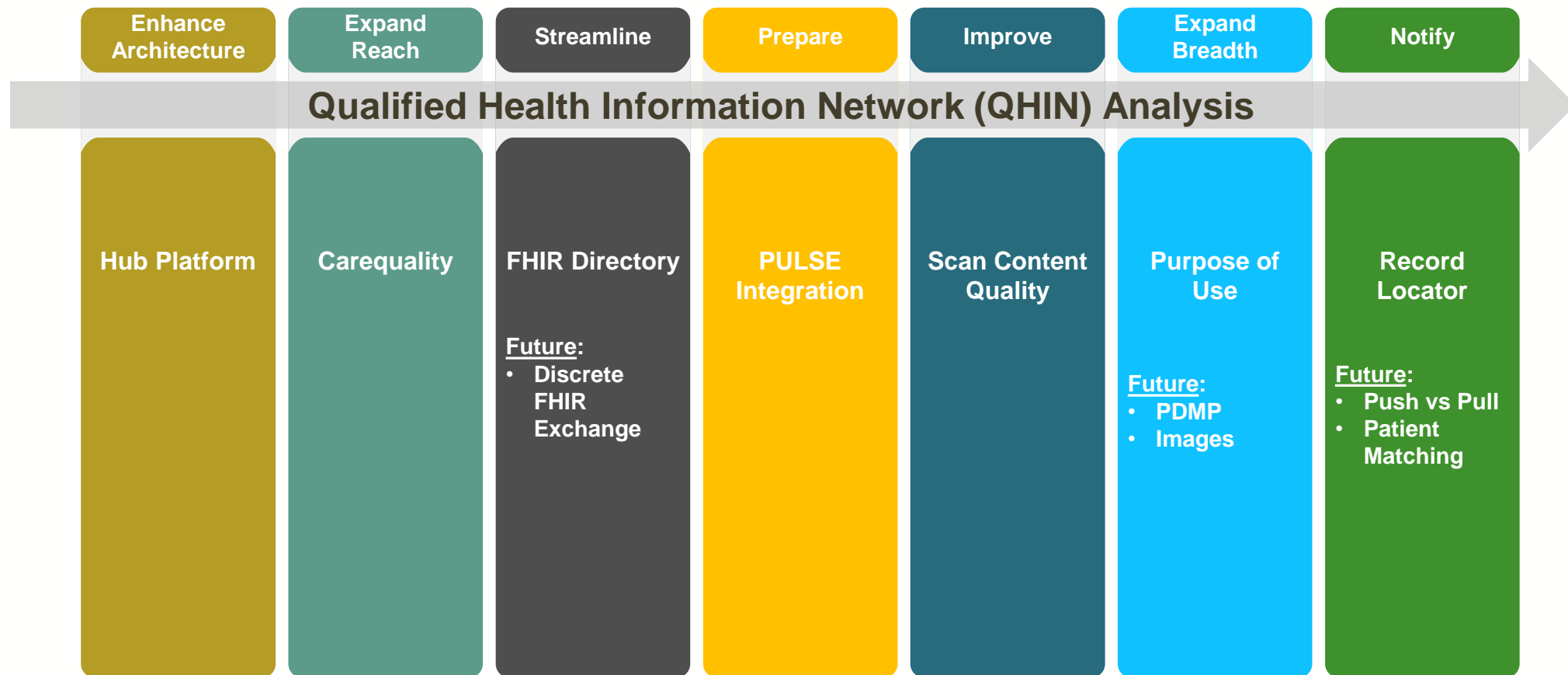
Push CDAs & Discrete Data
Where to Search (RLS)
PULSE

Content

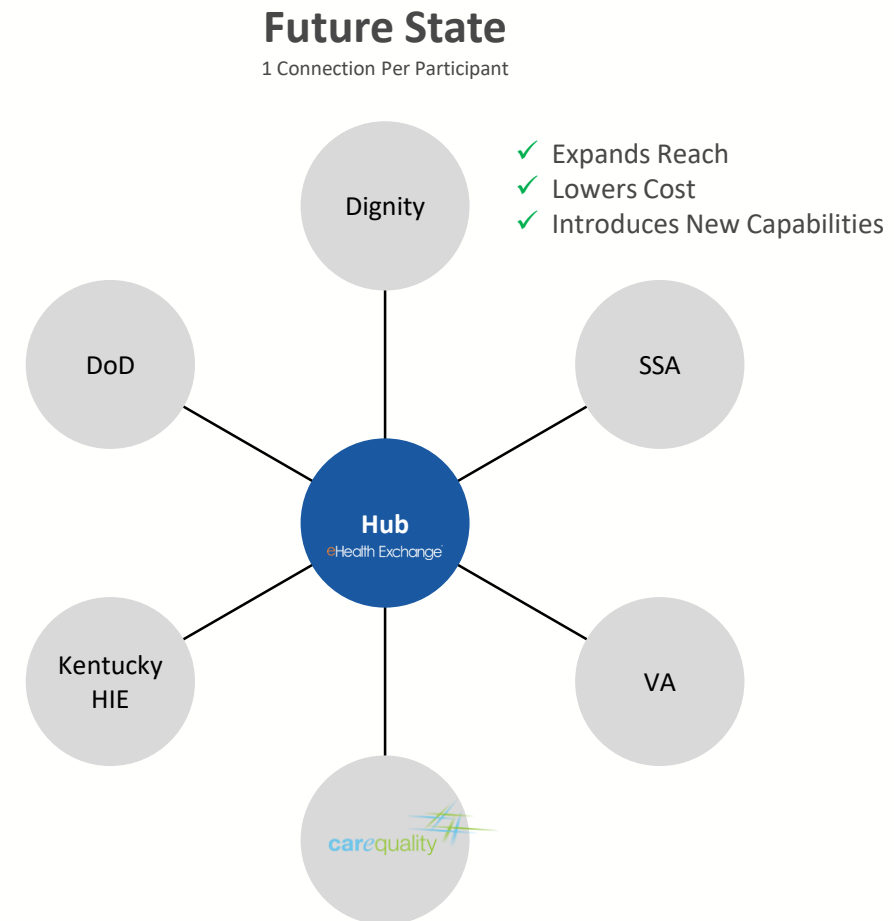
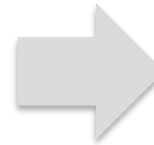
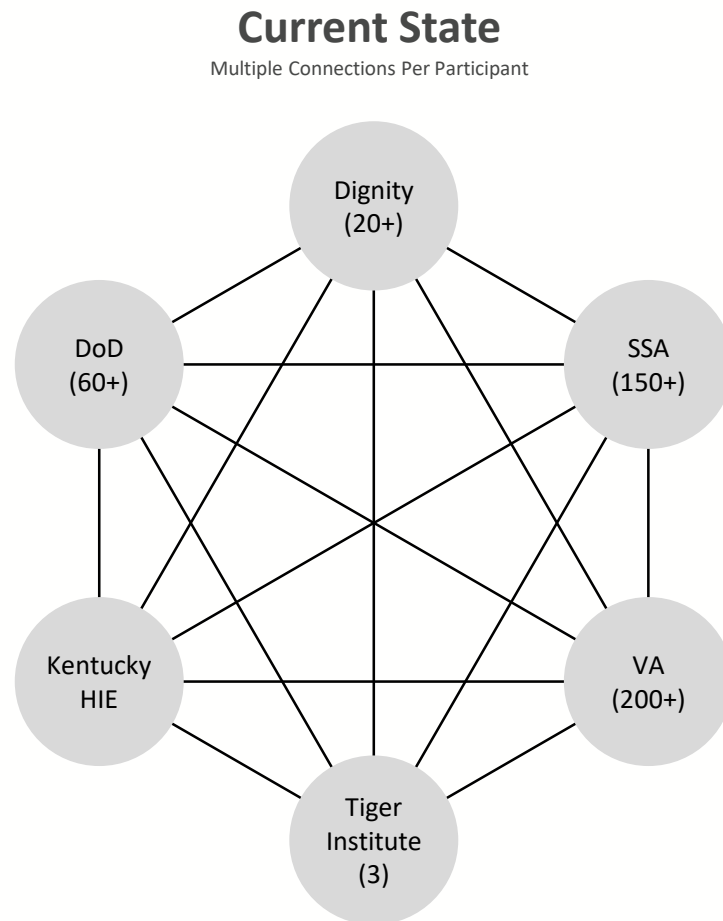
- Discrete - Participants often need to focus specifically on medications, lab results, etc
- Quality – Data must be consumable by EHRs and other solutions

FHIR
Content Quality

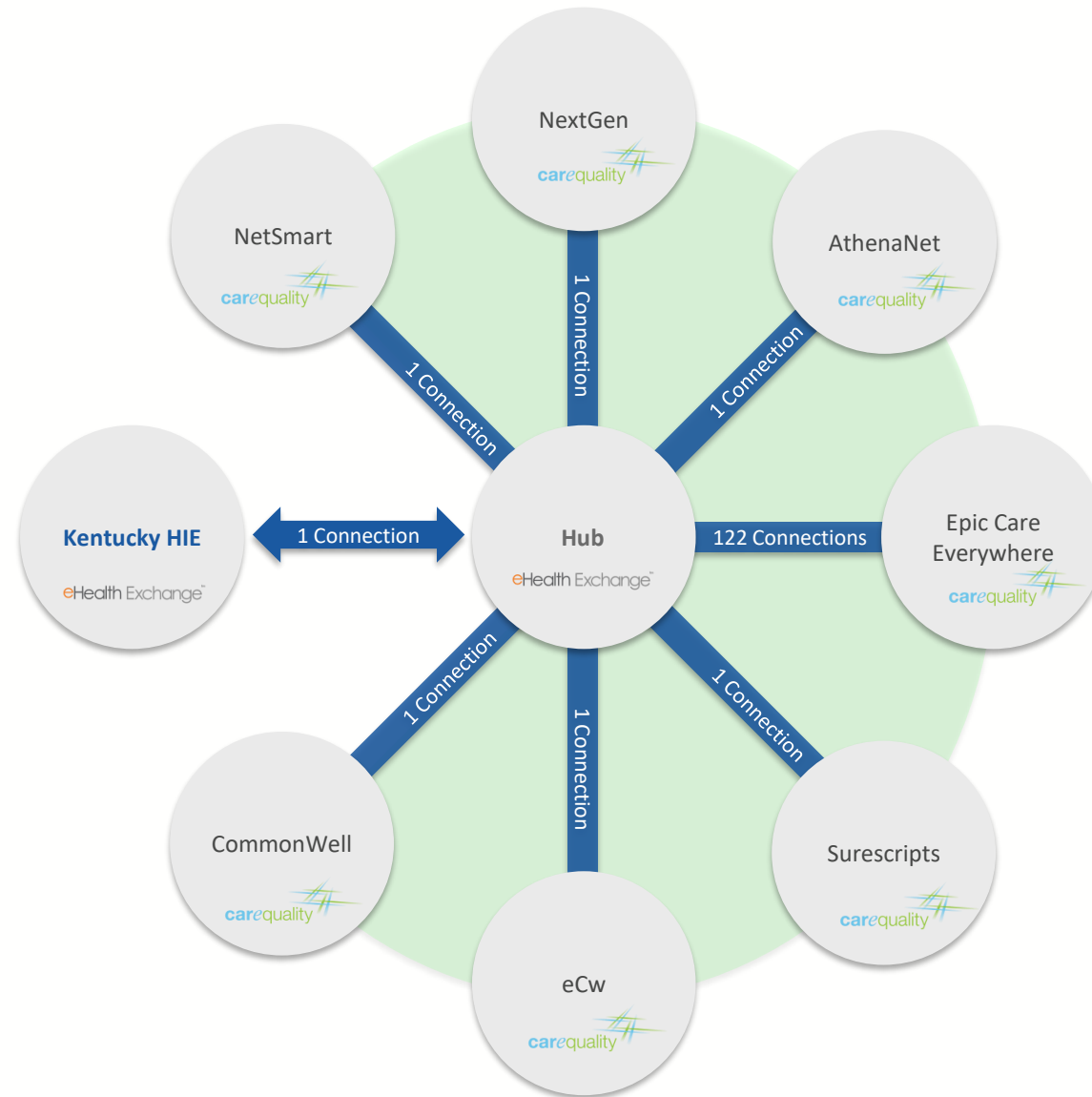
eHealth Exchange Roadmap



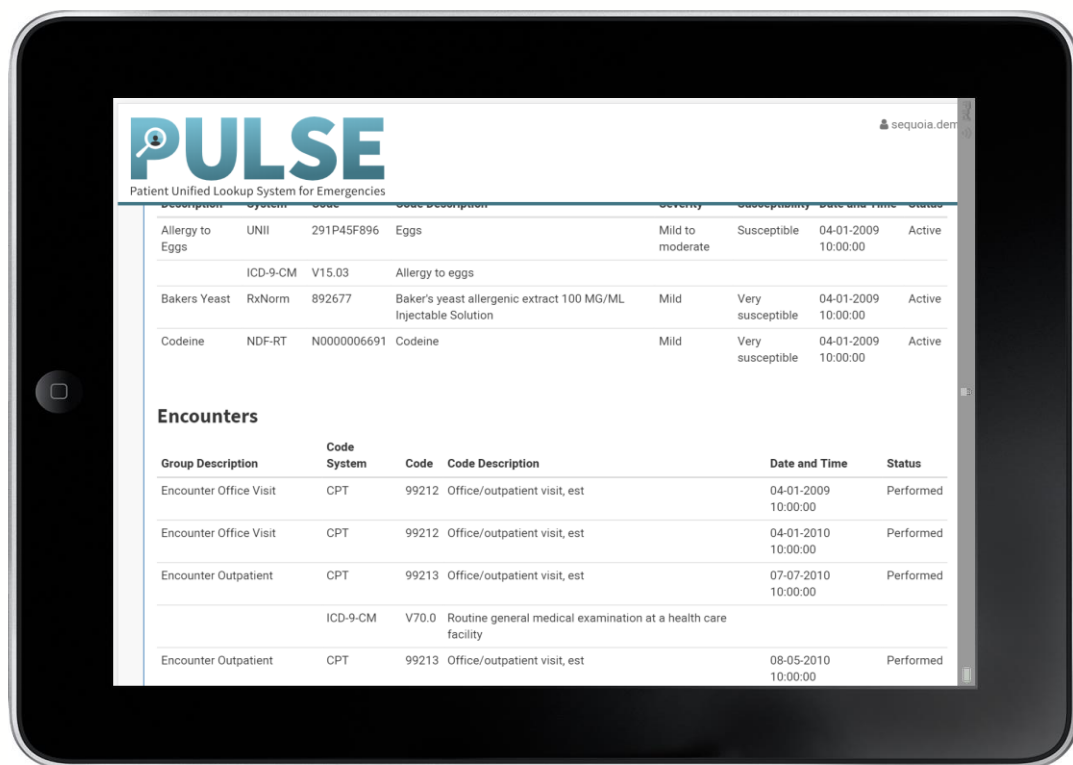
Enhance Architecture



Expand Reach



Prepare



PULSE
Patient Unified Lookup System for Emergencies

sequoia.dem

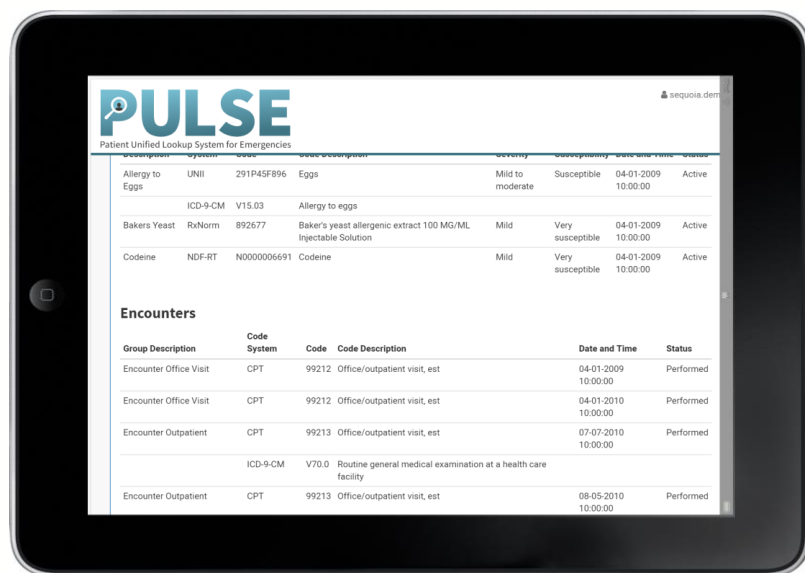
Group Description	System	Code	Code Description	Severity	Susceptibility	Date and Time	Status
Allergy to Eggs	UNII	291P45F896	Eggs	Mild to moderate	Susceptible	04-01-2009 10:00:00	Active
	ICD-9-CM	V15.03	Allergy to eggs				
Bakers Yeast	RxNorm	892677	Baker's yeast allergenic extract 100 MG/ML Injectable Solution	Mild	Very susceptible	04-01-2009 10:00:00	Active
Codeine	NDF-RT	N0000006691	Codeine	Mild	Very susceptible	04-01-2009 10:00:00	Active

Encounters

Group Description	Code System	Code	Code Description	Date and Time	Status
Encounter Office Visit	CPT	99212	Office/outpatient visit, est	04-01-2009 10:00:00	Performed
Encounter Office Visit	CPT	99212	Office/outpatient visit, est	04-01-2010 10:00:00	Performed
Encounter Outpatient	CPT	99213	Office/outpatient visit, est	07-07-2010 10:00:00	Performed
	ICD-9-CM	V70.0	Routine general medical examination at a health care facility		
Encounter Outpatient	CPT	99213	Office/outpatient visit, est	08-05-2010 10:00:00	Performed



Meet Henry

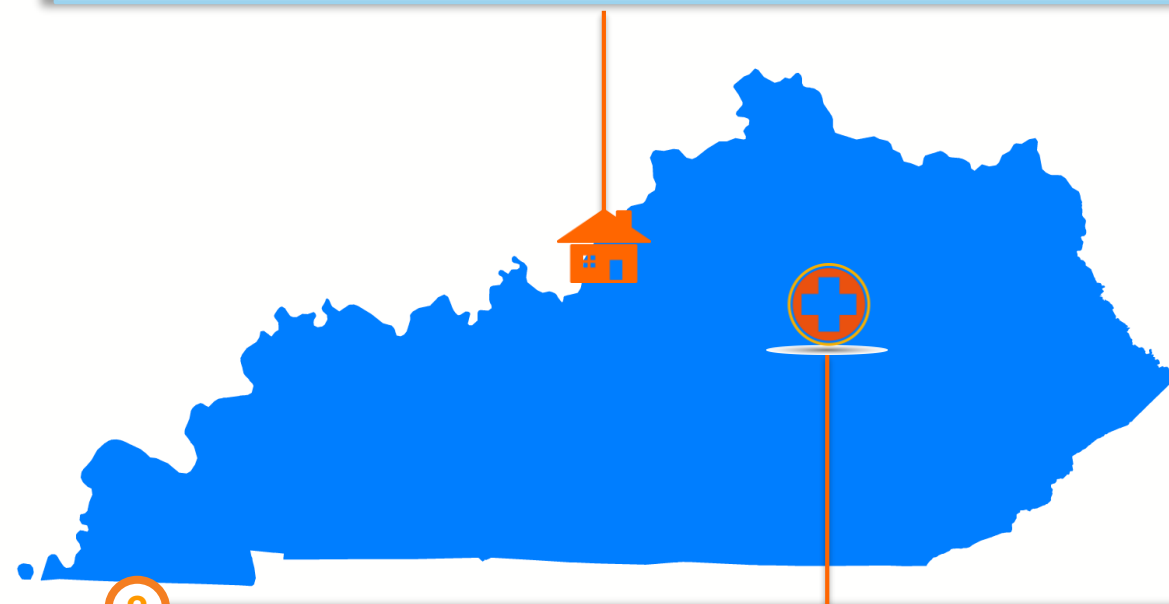


1



During a major flood dialysis patient Henry is evacuated from Louisville to Lexington.

- Prescriptions left at home
- Not sure which Rx he takes
- Henry is supposed to take 14 Rx
- Dialysis 3X weekly needed to live



2



- Henry presents at a field clinic where a volunteer physician retrieves Henry's medication list even though Henry's pharmacy & Nephrologist's office both flooded.
- To prevent hospitalization, the volunteer physician generates new prescriptions & coordinates emergent dialysis treatment.

Improve

Content Validation

- Ensure EHRs & Analytics Can Consume Data
- Ensure Completeness & Usability
- Test Data
- Real-Time Production Scans

Streamline

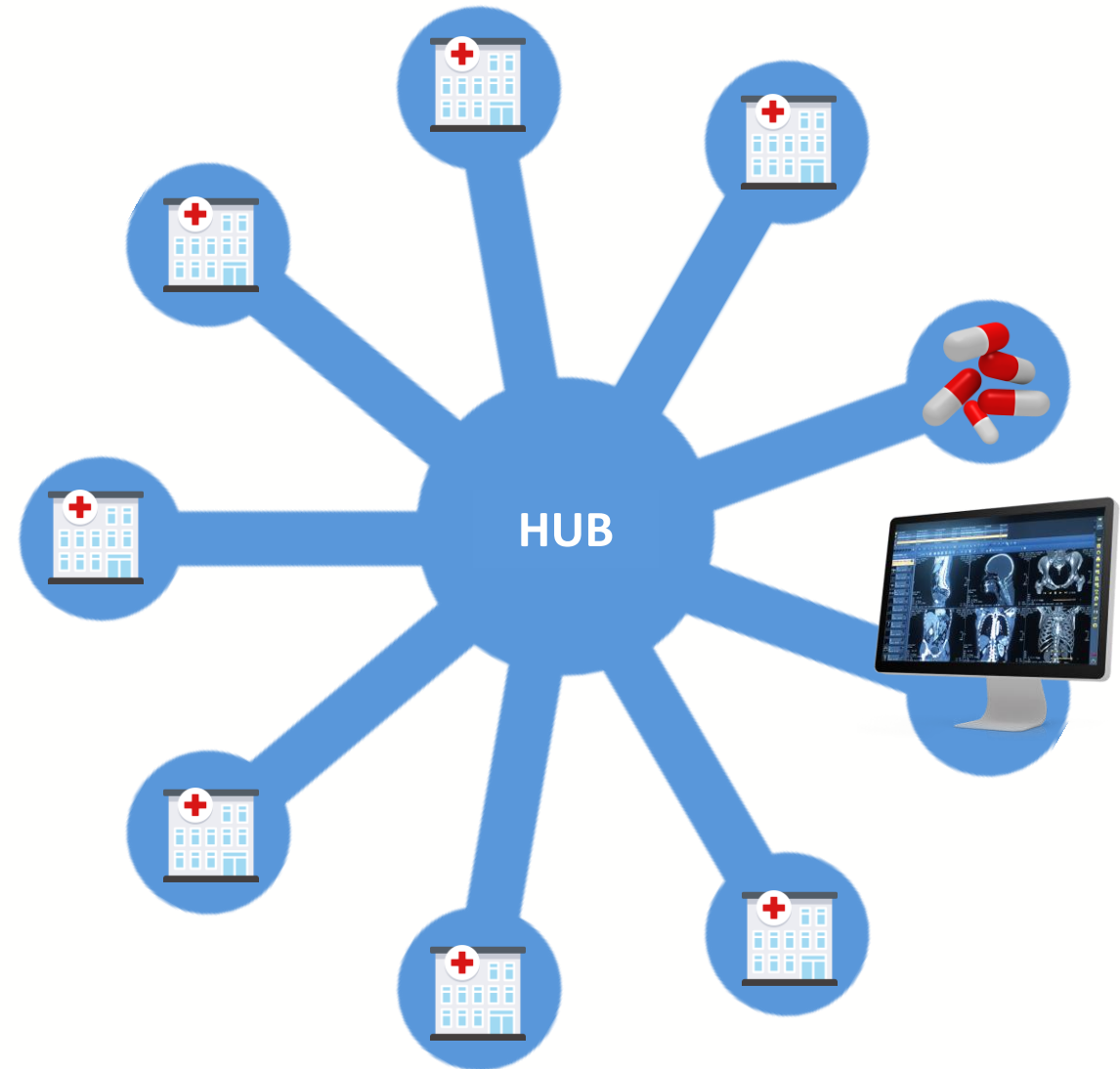
- FHIR Directory 🔥
- FHIR Resources 🔥
- Patient Matching

Notify

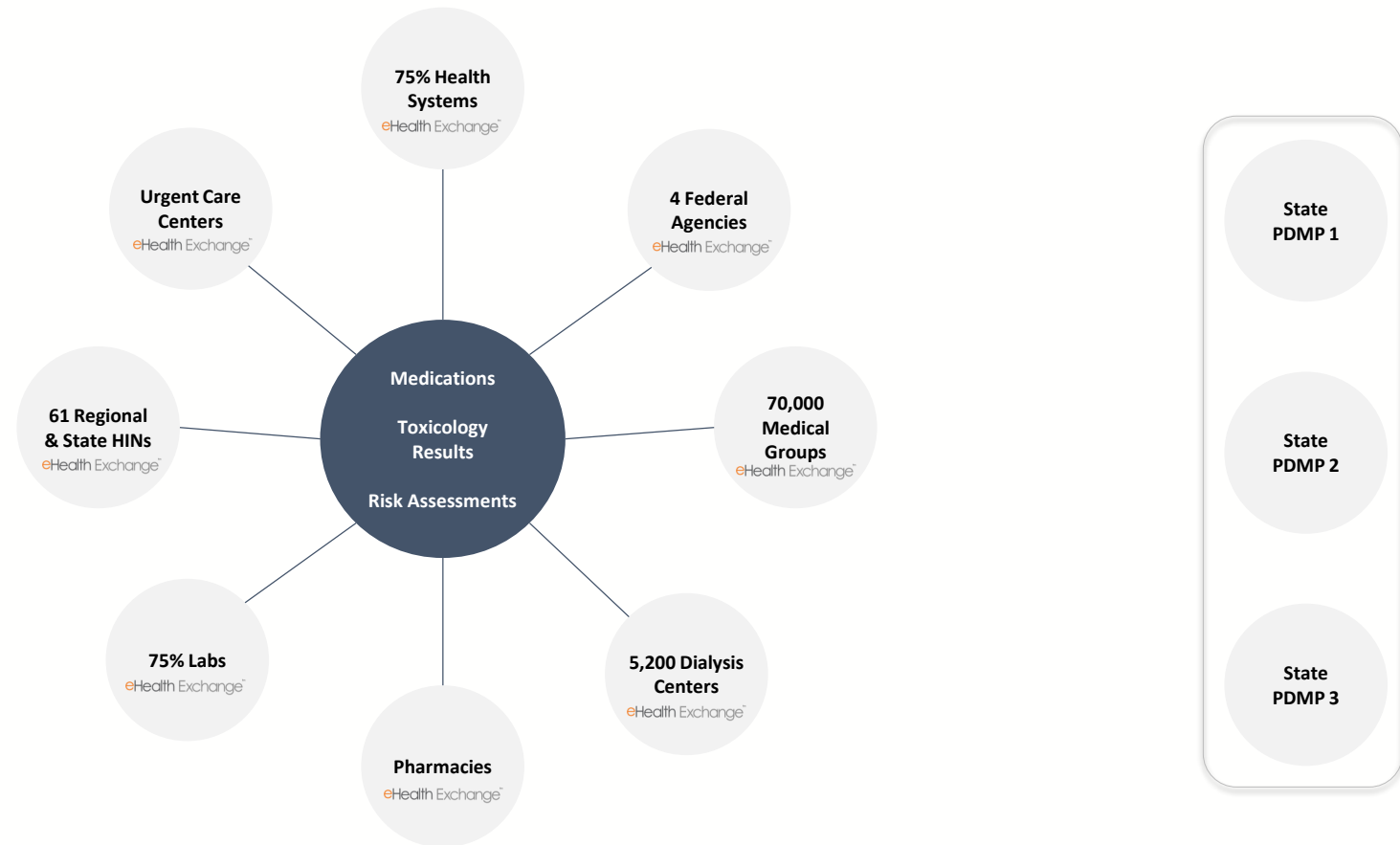
- Push vs Pull
- Record Locator Service (RLS)

Expand Breadth

- Purpose of Use
- Image Exchange
- **PDMP**




Don't providers already exchange opioid information within HINs?



Why isn't today's state PDMP exchange more effective?

Clinical Burden & Interstate Data-Sharing Impediments

Access



Clinicians need all PDMP data to make **safer, more informed decisions**


Workflow



Clinicians need affordable PDMP data via **natural processes**

- EHR PDMP modules \$
- Inconvenient Web Portals


Context



Clinicians need medication lists **combined** with other data in their EHR:

- Toxicology Results
- Risk Assessments
- Social Determinants

Timeliness



Clinicians need PDMP data **before** prescription writing begins

What if?

1. We could feed state PDMP data into clinicians' natural workflows with no additional expense, &
2. Marry state PDMP data with providers' opioid-related data



To inform clinicians of:

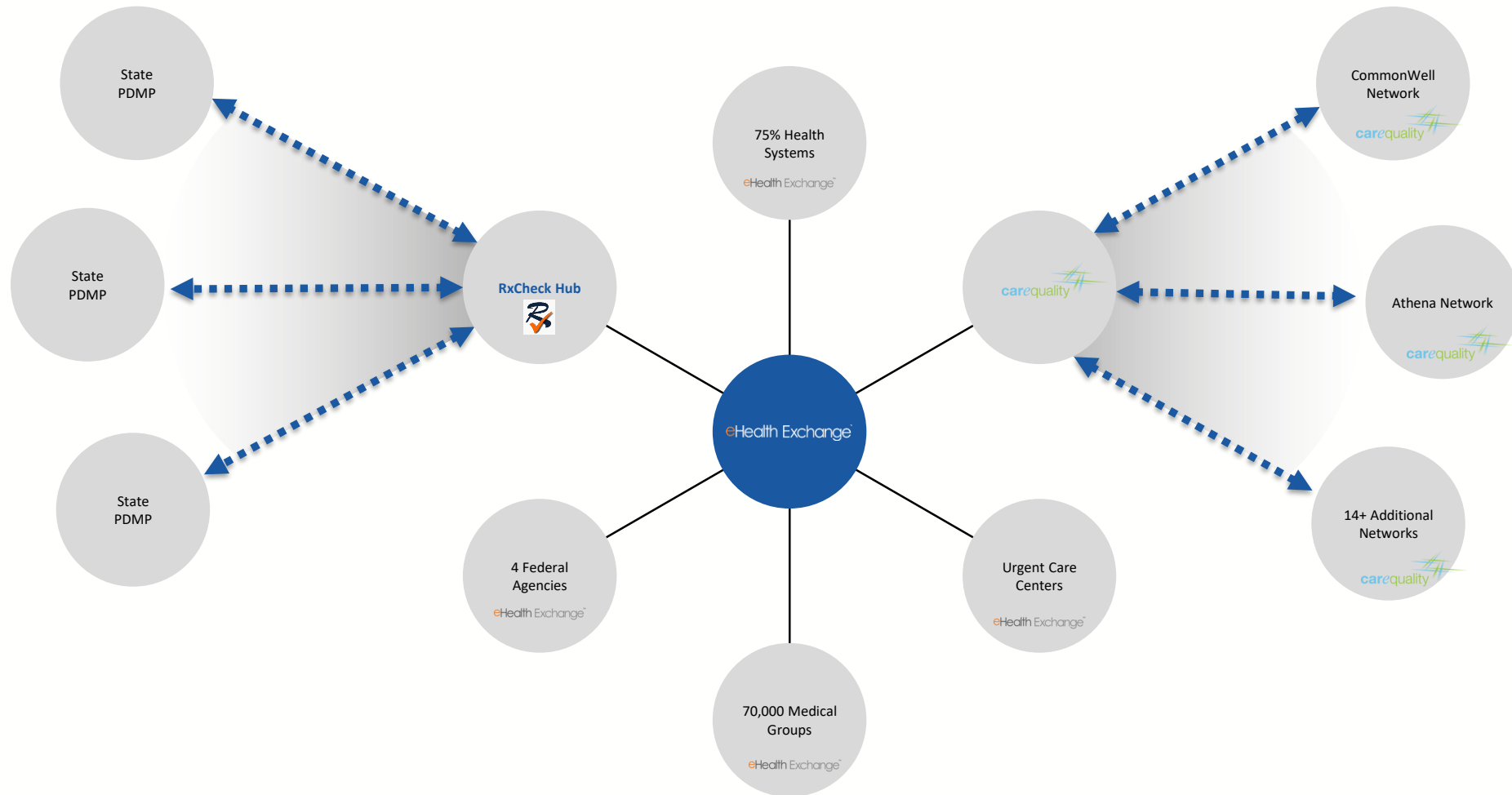
- ✓ Controlled substance history;
- ✓ Toxicology results;
- ✓ Social determinant data;
- ✓ Risk scores?

Reduce opioid misuse

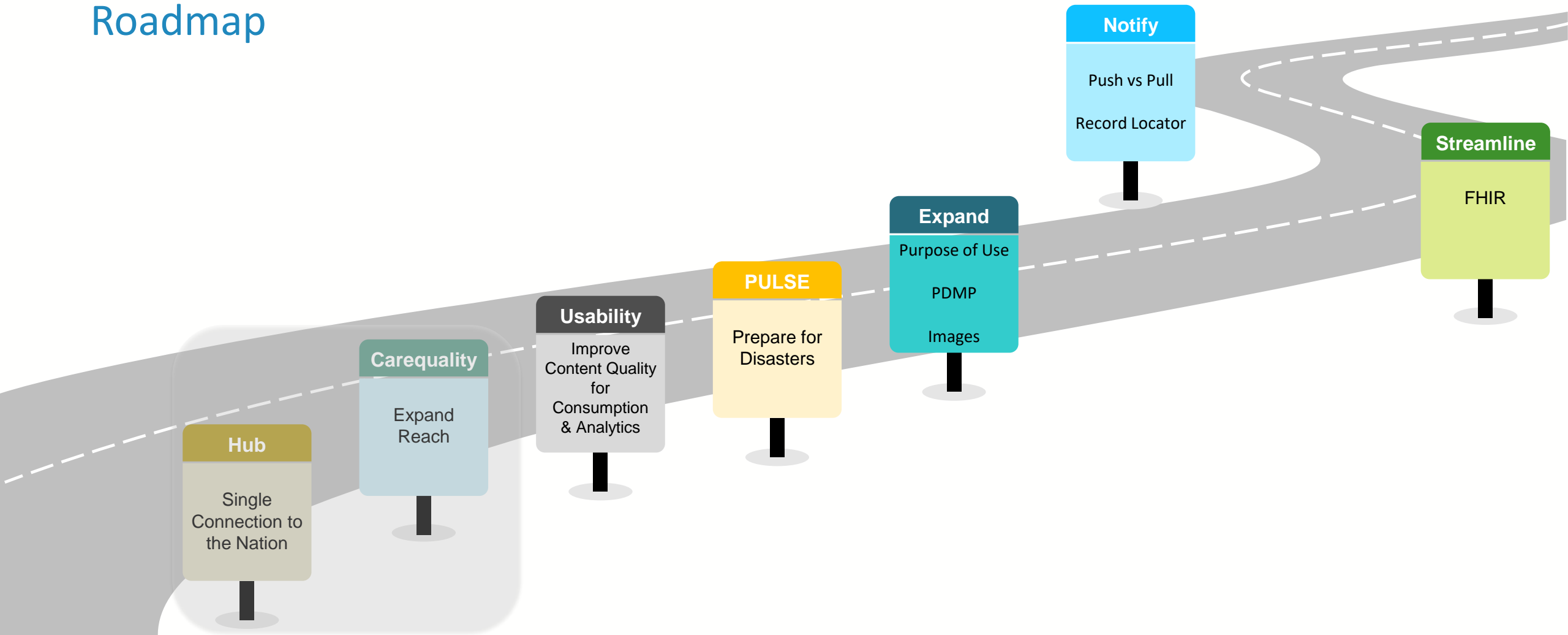
- ✓ 75% U.S. hospitals
- ✓ VA, DoD, CMS
- ✓ 70,000 medical groups
- ✓ 5,200 dialysis centers
- ✓ All 50 states

+ Connectivity with [carequality](#)-enabled HINs

Pilot Potential



Roadmap





Potential Partnership Areas

1. Case Studies
2. Expanded Purpose of Use (Healthcare Operations & Payment)
3. Carequality Connectivity
4. PDMP
5. PULSE (Disaster Response System)
6. Near Real-Time Production Content Quality Scans
7. Record Locator Service (RLS)
8. Push Notifications
9. FHIR

Questions?

Jay Nakashima
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Transforming. Healthcare.



Tackling the Opioid Misuse Crisis and QPP

August 16, 2019

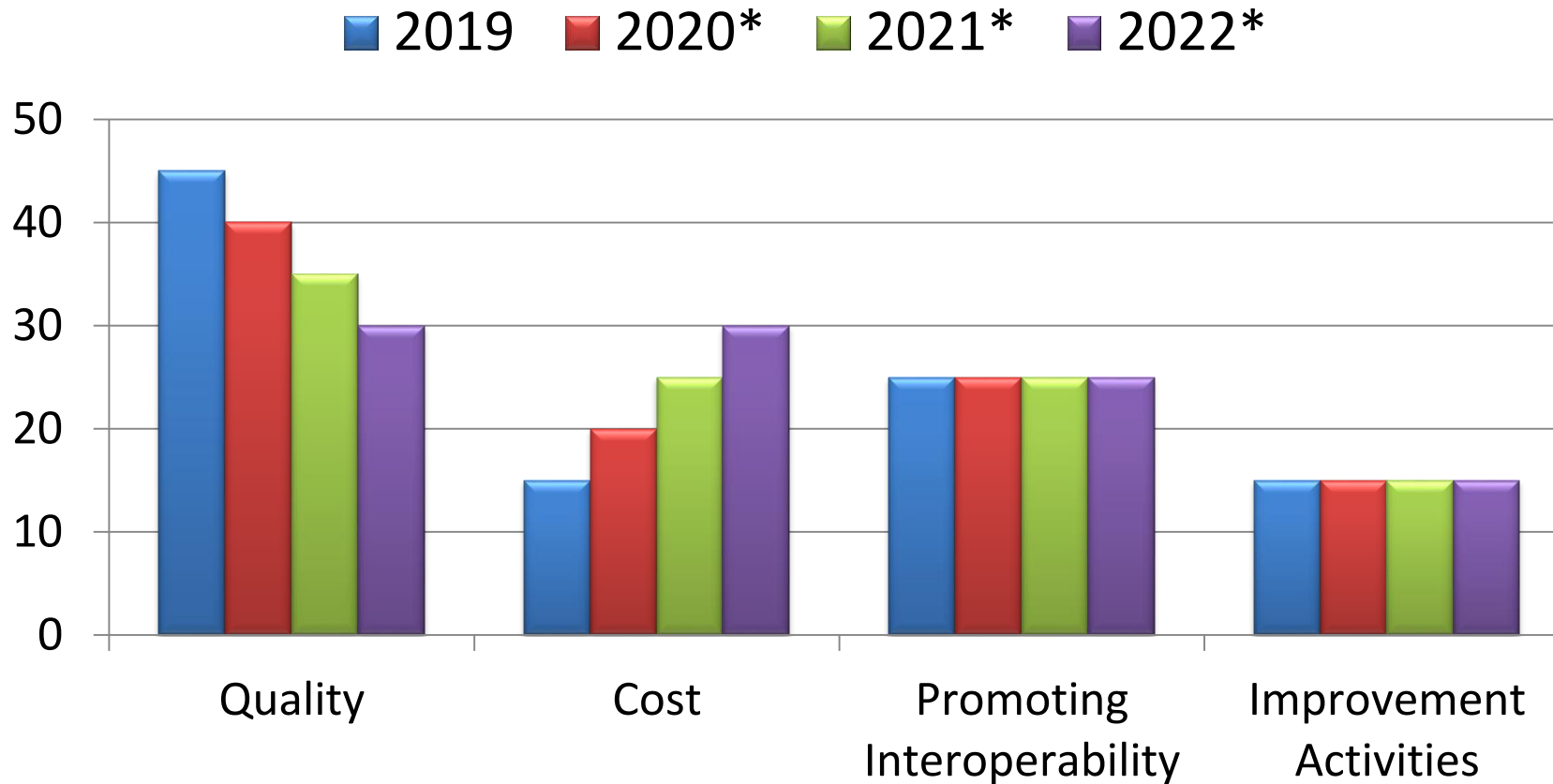
Sue Anderson-Lenz, M.S. HIM




atom Alliance Partners



QPP Categories: Four Year Comparison



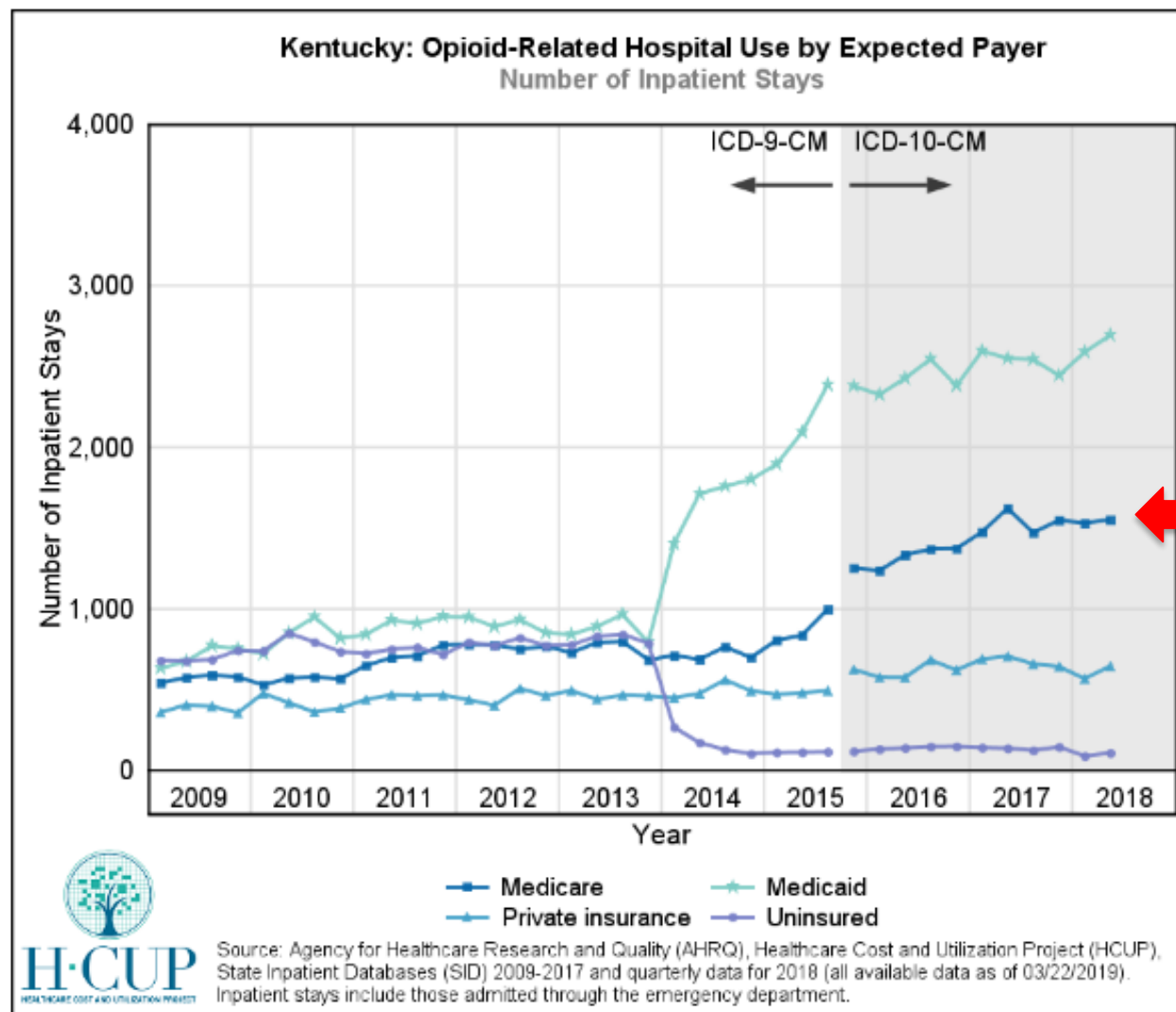
* 2020 Quality Payment Program Proposed Rule, July 29, 2019



Medicare pays for ____ of opioid-related hospital stays.

- a) 20%
- b) 25%
- c) 33%

Count of Opioid-Related Hospitalizations: 2009-2018





Count of Opioid Overdose ED Visits and Hospitalizations: 2016-2018

Count of Select Opioid Drug Emergency Department and Hospitalizations among Kentucky Residents 65+ Years, 2016-2018									
	2016			2017			2018		
	65+ Years	All Age Groups	Percent 65+	65+ Years	All Age Groups	Percent 65+	65+ Years	All Age Groups	Percent 65+
Hospitalizations									
Drug overdoses involving opioids other than heroin	250	1329	18.8%	240	1207	19.9%	238	1066	22.3%
Emergency Department Visits									
Drug overdoses involving opioids other than heroin	140	1582	8.8%	139	1783	7.8%	127	1525	8.3%

Sources: http://www.mc.uky.edu/kiprc/programs/kdopp/drug-od-dashboards/dbmain_IP.html,
http://www.mc.uky.edu/kiprc/programs/kdopp/drug-od-dashboards/dbmain_ED.html





Medicare Probable Adverse Drug Events Resulting in Hospital Utilization: 2017-2018

	High-risk Medication (HRM) FFS Beneficiaries are calculated from Part D data. Beneficiary counts are pro-rated based on fee-for-service Medicare eligibility.	<p>Probable Adverse Drug Events (ADEs) resulting in an observation stay (OBS), emergency department (ED) visit, or an inpatient hospitalization. ADE counts are based on ICD-9-CM/ICD-10-CM diagnosis codes found in the principal diagnosis code position indicative of an adverse drug event for beneficiaries flagged as high-risk because of opioid medications</p> <p>Numerator = # of ADEs in a setting (ED, OBS, or hospitalizations) Denominator = # of HRM FFS opioid beneficiaries Final rate displayed as per 1,000 HRM FFS opioid beneficiaries</p>							
	Number of High-Risk Medication (HRM) FFS Beneficiaries Jul 2017 - Jun 2018	Probable ADEs for Opioid HRM FFS Beneficiaries Jul 2017 - Jun 2018							
	Opioid	OBS Stays		ED Visits		Inpatient Hospitalizations		Total Overall	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
KY	 96,659	775	8.0	1,939	20.1	1,475	 15.1	4,189	43.3
Nation	3,573,268	28,901	8.1	65,766	18.4	49,549	13.9	144,216	40.4

Greater than national rate

Sources: Medicare Part A, D

Opioid-QPP Connections

Category	Ties to an Opioid Stewardship Program
 <p>Quality</p>	<ul style="list-style-type: none"> • Multiple measures related to medication safety, pain management, fall screenings, opioid misuse and abuse prevention, screenings, and treatment • All-Cause Hospital Readmission measure
 <p>Promoting Interoperability</p>	<ul style="list-style-type: none"> • Maximum of 10 bonus points for submitting two opioid-related e-Prescribing measures
 <p>Improvement Activities</p>	<ul style="list-style-type: none"> • Multiple activities (including 4 High-weighted) related to safe opioid prescribing, patient education, and improved care coordination • Everyone in KY can claim 1 High- and 1 Medium-weighted if they are complying with KY statutes and regulations
 <p>Cost</p>	<p>Opioid-related Adverse Drug Events adversely affect your score(s) earned:</p> <ul style="list-style-type: none"> • Medicare Spending Per Beneficiary (MSPB) measure • Total Per Capita Cost measure • 8 episode-based measures

Opioid-related Quality Measures

Measure	Measure Description	Submission Method
<u>Quality ID 130:</u> Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	EHR Claims Registry/QCER
<u>Quality ID 131:</u> Pain Assessment and Follow-Up	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.	Claims Registry/QCER
<u>Quality ID 238:</u> Use of High-Risk Medications in the Elderly	Percentage of patients 65 years of age and older who were ordered high-risk medications.	EHR Registry/QCER
<u>Quality ID 305:</u> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who: a. initiated treatment within 14 days of the diagnosis, b. initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	EHR
<u>Quality ID 318:</u> Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	EHR CMS Web Interface

Opioid-related Promoting Interoperability Measures

Query of Prescription Drug Monitoring (PDMP)	<p>Measure: For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.</p> <p>Clinicians who lack a PDMP-EHR interface and manually calculate are still eligible to report the measure and receive bonus points.</p>
Verify Opioid Treatment Agreement	<p>Measure: For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient's electronic health record using CEHRT.</p> <p>An Opioid Treatment Agreement is a signed document between provider and patient prior to initiating Continuous Opioid Therapy (COT).</p>

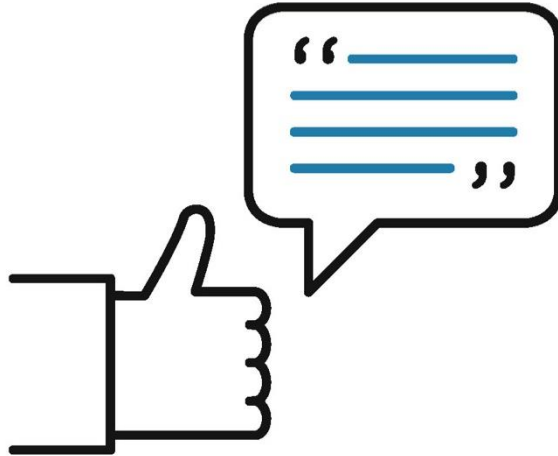
Opioid-related Improvement Activities

Activity ID	Activity Description
IA_PSPA_5	Annual Registration in the Prescription Drug Monitoring Program
IA_PSPA_6	Consultation of the Prescription Drug Monitoring Program
IA_PSPA_22	CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
IA_PSPA_32	Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support
IA_PSPA_10	Completion of Training and Receipt of Approved Waiver for Provision Opioid Medication-Assisted Treatments
IA_PSPA_21	Implementation of Fall Screening and Assessment Programs
IA_PM_16	Implementation of Medication Management Practice Improvements
IA_PSPA_31	Patient Medication Risk Education

Opioid-related Contributing Factors to Lower Cost Category Scores

- Data tell us that opioid use and opioid-benzodiazepine use by Medicare beneficiaries increases the likelihood of:
 - Falls/Fractures
 - Drug overdoses
 - Hospitalizations, ED visits, and observations
- Key to better Cost Category score is through reduced hospitalizations:
 - Medication management
 - Safer prescribing
 - Alternate pain treatments
 - Screenings
 - Tighter care coordination

Contacts



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This material was prepared by atom Alliance, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), coordinated by Qsource for Tennessee, Kentucky, Indiana, Mississippi and Alabama under a contract with the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), a federal agency of the U.S. Department of Health and Human Services. Content does not necessarily reflect CMS policy. 19.111.OPD.08.002



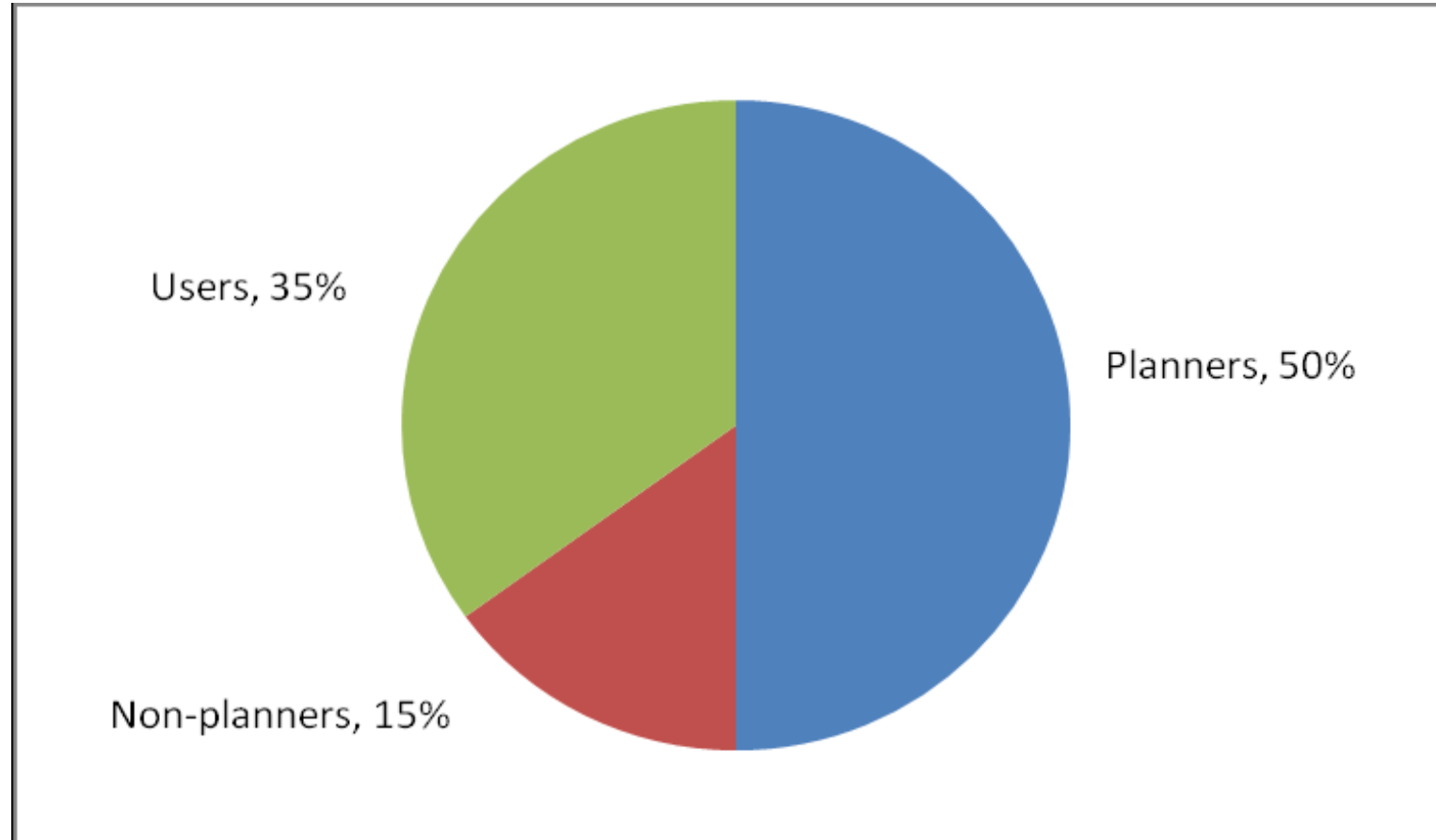
Kentucky Medicaid EHR Incentive Program (Promoting Interoperability)

eHealth Summit
August 15, 2019



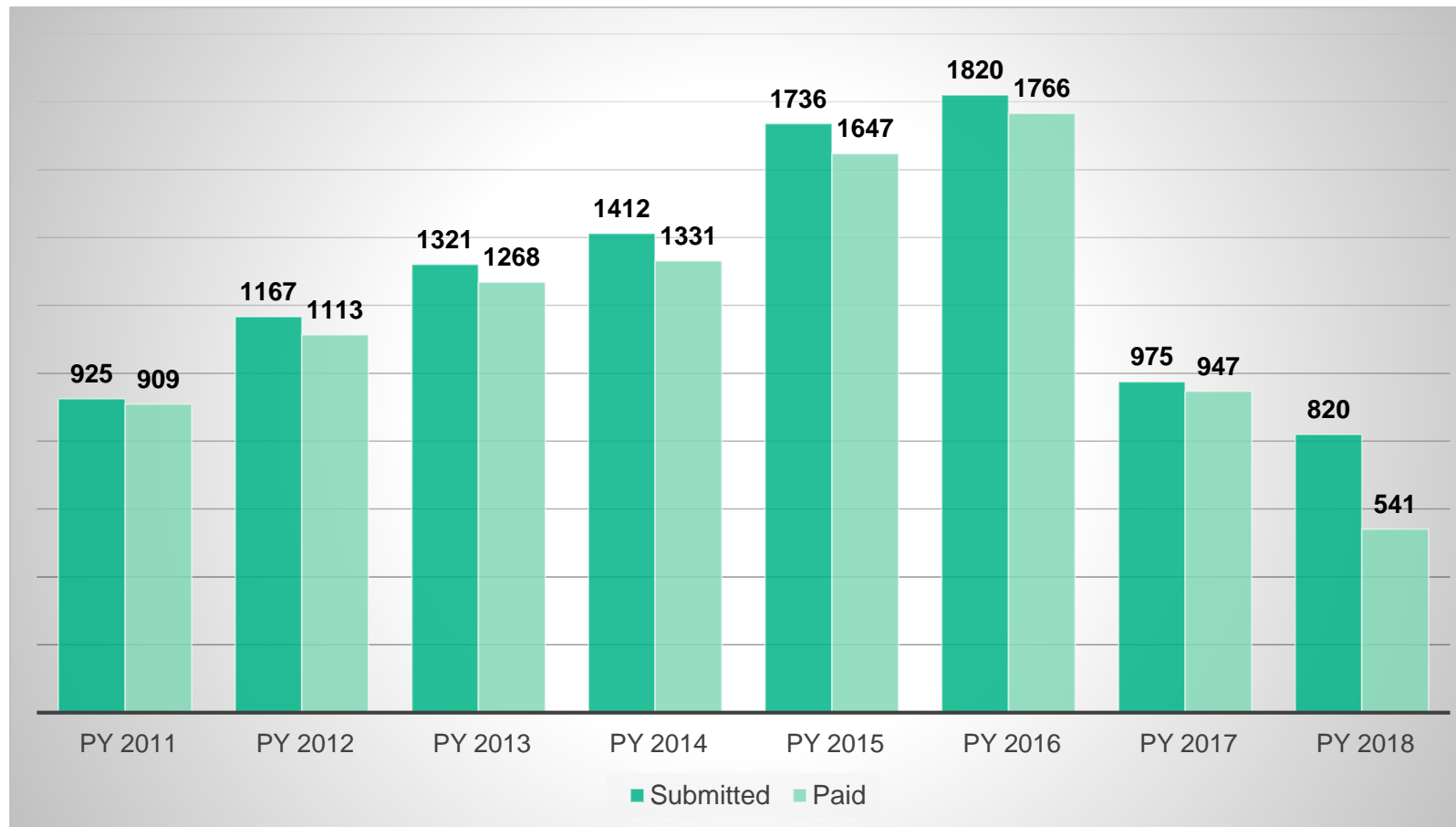
WELCOME

In the beginning...



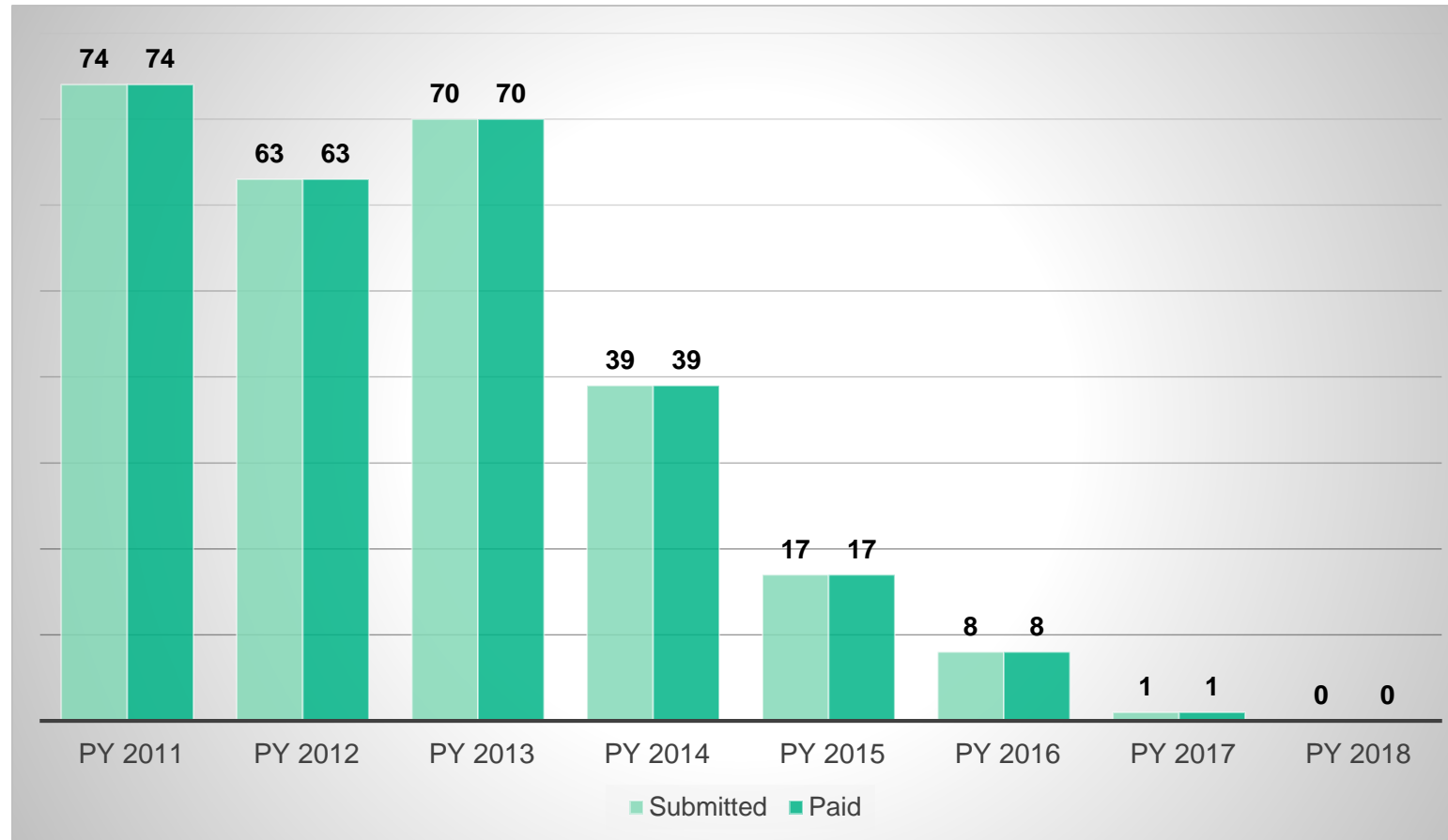
Eligible Professionals (EP's)

Submissions and Payments by Program Year



Eligible Hospitals (EH's)

Submissions and Payments by Program Year



Payment Information

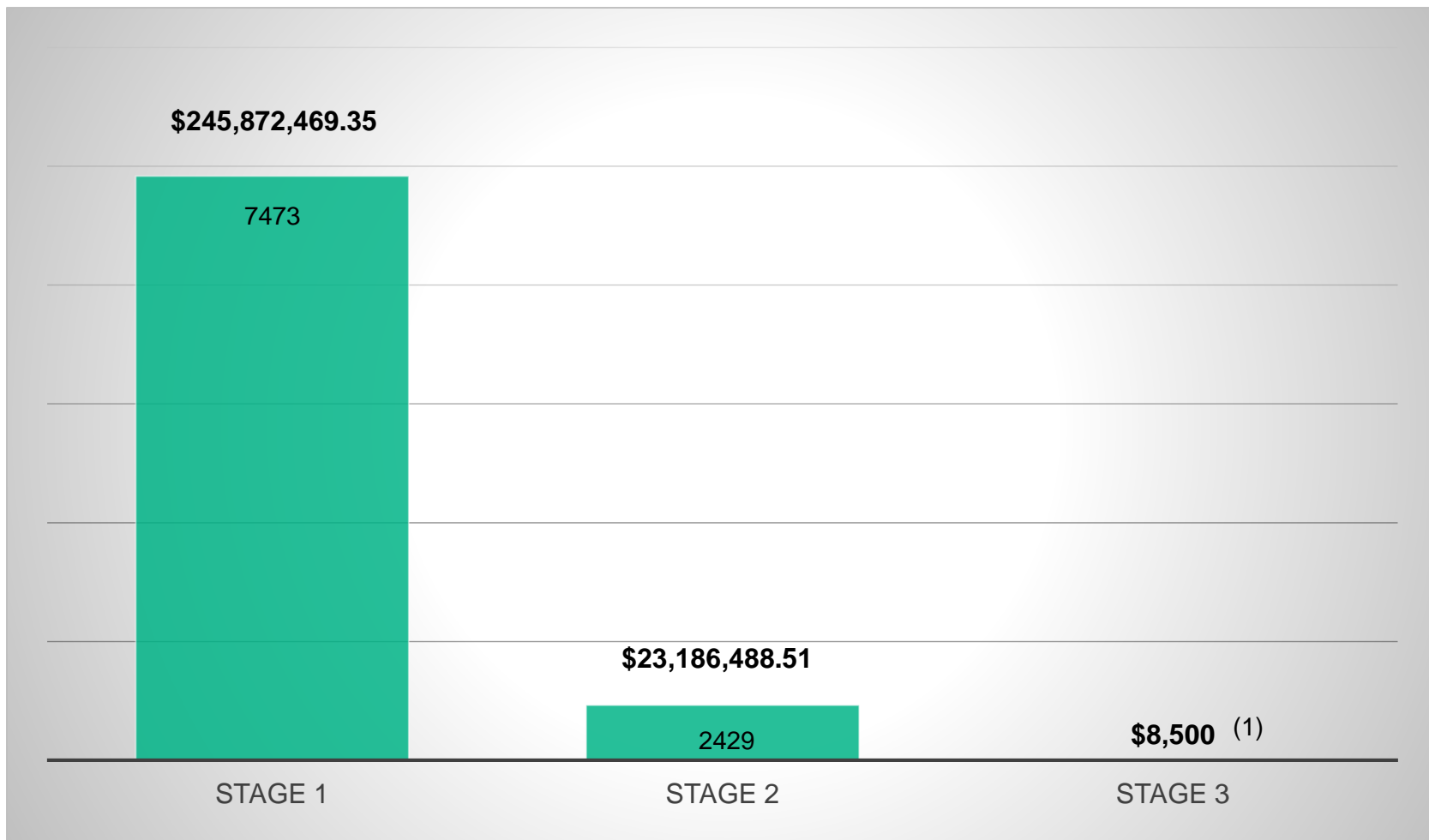
Total number of payments

9,794

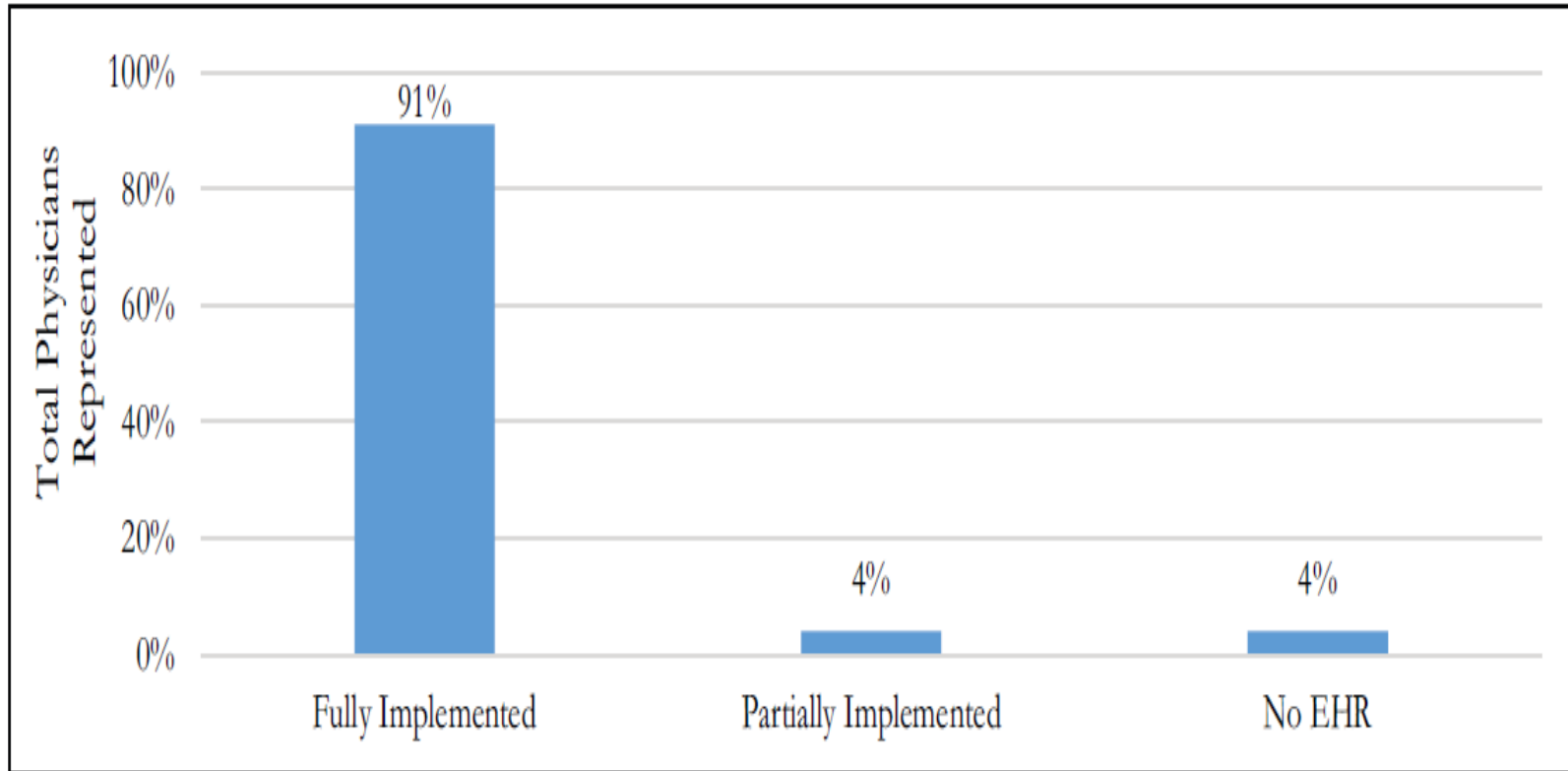
Total amount paid

\$265,941,092.65

Payments Across the Stages



Where we are now!



Upcoming Program Dates

July 1, 2021	October 31, 2021	December 31, 2021	September 30, 2023
First day states may set Program Year 2021 attestation deadline	Last day states may set Program Year 2021 attestation deadline	Last day for incentive payments to be issued, except in case of audit or appeal	End of HITECH administrative funding for audit, appeals and related activities

Audits

- Pre-payment
- Post payment
- \$\$



Helpful Information

CMS Promoting Interoperability (PI) Programs

<http://www.cms.gov/EHRIncentivePrograms/>

KY Attestation Application

<https://prdweb.chfs.ky.gov/KYSLR/Login.aspx>

KY Medicaid EHR Incentive Program

<http://chfs.ky.gov/dms/ehr.htm>

KHIE

<http://khie.ky.gov/Pages/index.aspx>

CHPL

<http://oncchpl.force.com/ehrcert>

eCQI Resource Center

<https://ecqi.healthit.gov/ep>

Questions??





2019 Stage 3 EP Medicaid Promoting Interoperability

2019 Stage 3 Eligible Professional Objectives

Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	>60% ePrescribing
Clinical Decision Support	5 CDS Rules related to 4 CQMs Drug-Drug and Drug-Allergy Interaction Checks
Computerized Provider Order Entry	>60% Medication Orders >60% Lab Orders >60% Diagnostic Imaging Orders
Patient Electronic Access	>80% Patient Access >35% Patient-Specific Education
Coordination of Care Through Patient Engagement <i>(Attest to all 3 measures / Meet threshold for 2)</i>	>5% View, Download and Transmit (VDT) >5% Secure Messaging >5% Patient-Generated Health Data (PGHD)
Health Information Exchange <i>(Attest to all 3 measures / Meet threshold for 2)</i>	>50% Exchange Information with Other Physicians >40% Exchanged Information Incorporated >80% Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting <i>(Attest to 2 measures)</i>	Immunization Registry Reporting Syndromic Surveillance Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting

Program Year 2019 for EPs

Objectives

Any
Continuous 90 Days

Stage 3
(2015 CEHRT Only)

Clinical Quality Measures

Returning Participants:
Full Calendar Year
First Time Participants:
90 Days

6 eCQMs Including 1
High Outcome/Priority
Measure
QRDA-III File/Manual



Tips & Tricks for Hard to Reach Measures

Objective 5, Measure 1 – Patient Access

EPs must offer all four functionalities

View



Download



Transmit



Access
through API

PHI needs to be made available
to each patient within **48 hours**

What Is An Application Programming Interface?

APIs are messengers or translators that work behind the scenes to help software programs communicate with one another.

If you have ever used a web-based application or a mobile “app” to book travel or pay a bill, you’ve probably used an API.



API Implementation

- Fully enable the API functionality
- Providers may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API
- Providers are expected to provide patients with ***detailed instructions*** on how to authenticate their access through the API
- Provide the patient with supplemental information on available applications that leverage the API

Patient Electronic Access

Publish encounters to portal

Remind providers to save & sign charts within 48 hours.

Ask vendor if encounters are automatically published or if there is a manual process required.

Enroll patients

Ask every patient for an email address.

Keep records of patients who opt out (in EHR if possible or manual log).

Educate patients

Assist them with enrollment during office visit. Provide patient portal instructions to every patient.

If patients opt out, they must be provided instructions on how to access the portal if they change mind.

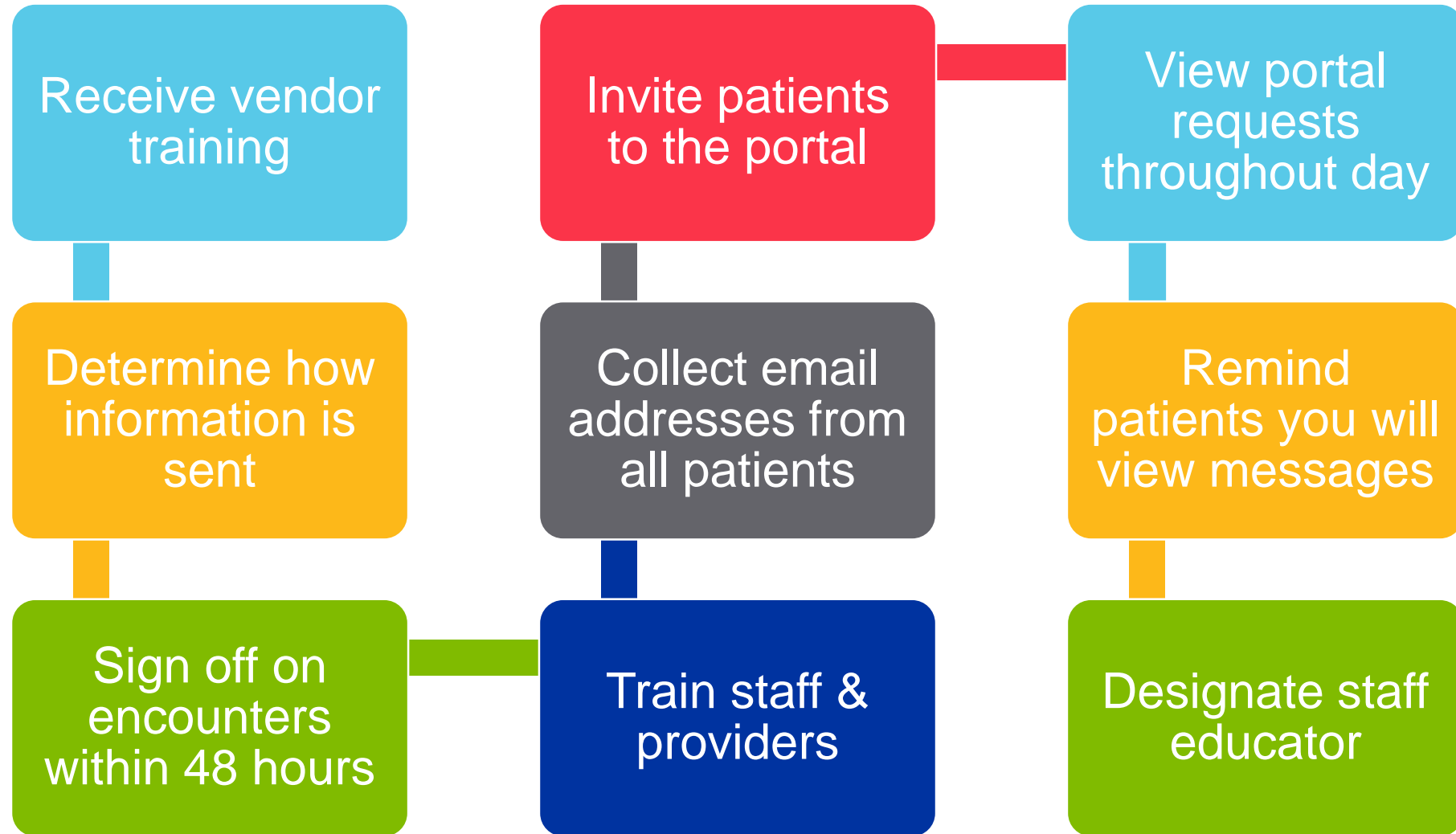
Send patient education to portal

Ask vendor for instructions on publishing patient education to portal.

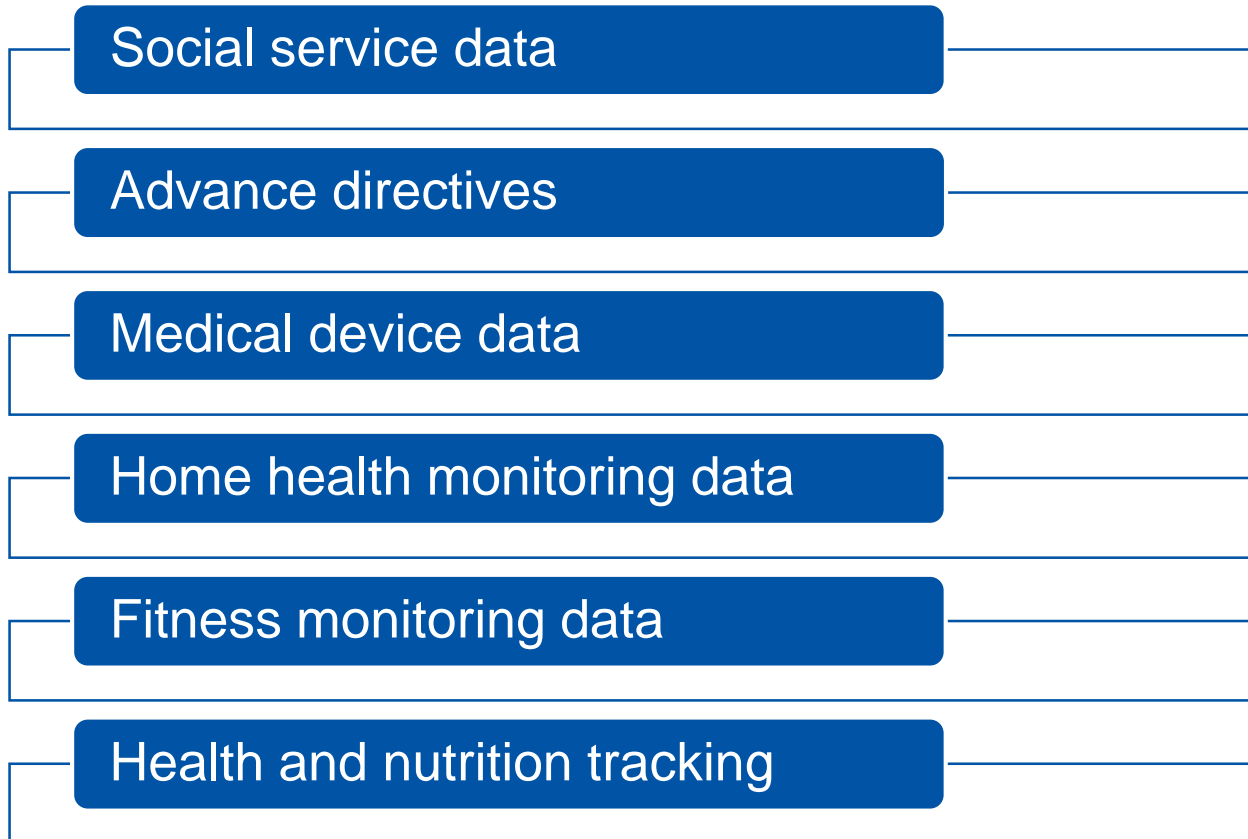
Educate staff on new electronic requirement and train staff on necessary steps.

Inform patients educational materials are now available on the portal.

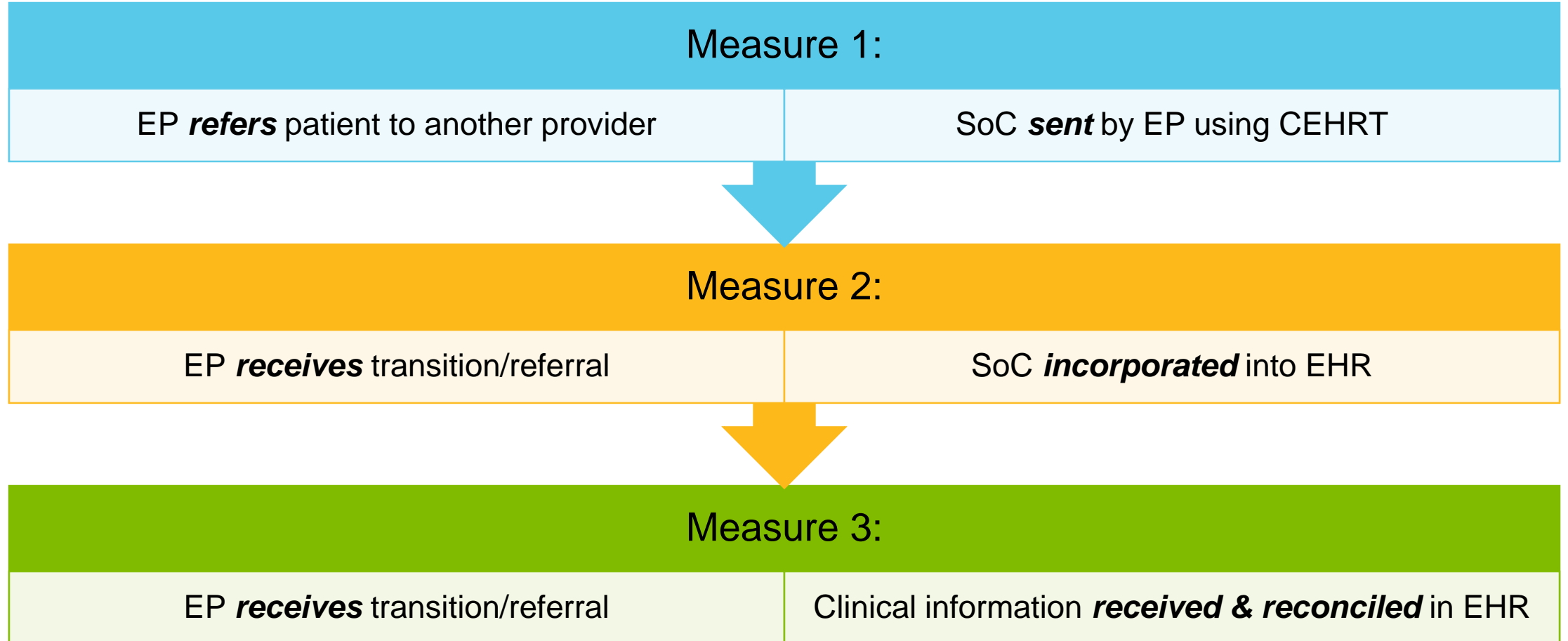
Best Practices: Patient Electronic Access



Objective 6, Measure 3 – Patient Generated Health Data Sources



Objective 7 - HIE Measures Explained



Health Information Exchange Workflow

Collect
direct
addresses

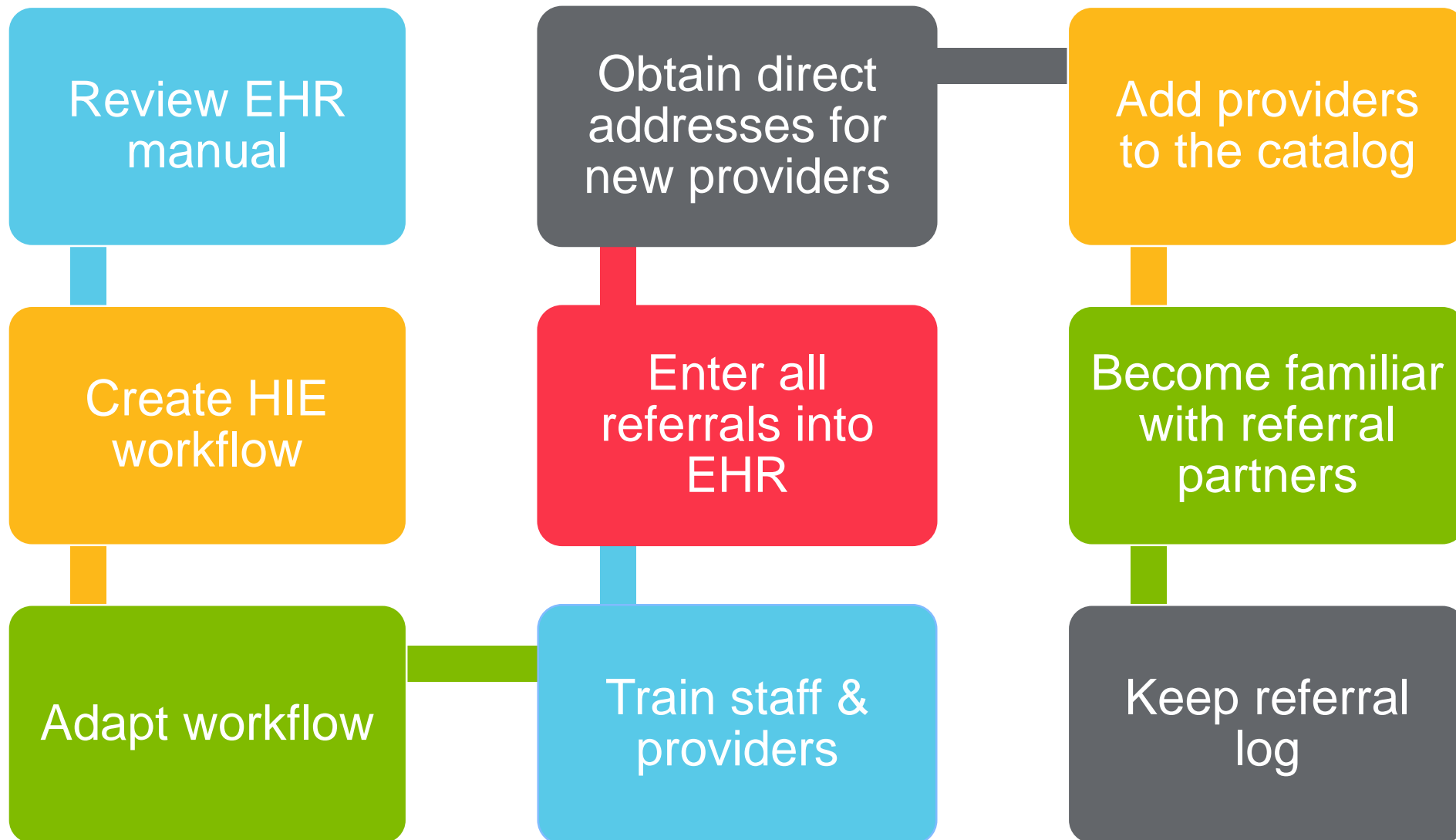
Enter all
referrals
and TOC
into EHR

Proper
training

- Check with vendor for training materials
- Train staff

Review
your
Summary
of Care
document

Best Practices: Health Information Exchange



Health Information Exchange Support



Monthly PI Actions

Check reports monthly

```
graph TD; A[Check reports monthly] --> B[Validate the data]; B --> C[Review results and best practices in your monthly meeting];
```

Validate the data

Review results and best practices in your
monthly meeting

Questions





KENTUCKY

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.

KHIE Services Overview

Services Overview



Public Health & Clinical Data Registry Reporting

KHIE is the Public Health Authority for MU reporting in Kentucky. EPs, EHs, and CAHs who wish to submit to any of the following registries must do so through KHIE:

- ☐ Kentucky Immunization Registry
- ☐ CDC BioSense Syndromic Surveillance
- ☐ Kentucky Cancer Registry
- ☐ KHIE Platinum Service
- ☐ KHIE Advance Directive Registry
- ☐ Electronic Lab Reporting (NEDSS)




CareAlign Direct Secure Messaging Portal



CareAlign at a Glance...

Overview





KHIE
KENTUCKY HEALTH
INFORMATION EXCHANGE

MG: Secure Messaging ADM:

0 Brandi Genoe brandi.genoe@khie.khiedirect.org	0 shared.ctcentralky shared.ctcentralky@caretenderscentralky.khiedirect.org	0 shared.ctlincolntrail shared@caretenderslincolntrail.khiedirect.org	0 Shared.ctlouisville shared@caretenderslouisville.khiedirect.org
0 shared.KHIEADR shared.khieadr@khieadvancedirectiveregistry.khiedirect.org	0 shared.sayre shared.sayre@sayrehealthcarecenter.khiedirect.org	0 shared.skyrehab shared.skyrehab@vibrasky.khiedirect.org	
0 Shared.triggcohomehealth shared@triggcountyhomehealth.khiedirect.org			

Messages 0/ 18

Secure Messaging

Links

My Links

Manage Links

Resources

Customize

Tools

Inbox

Brandi Genoe
brandi.genoe@khie.khiedirect.org
Re: Referral
03/14/2017

Brandi Genoe
brandi.genoe@khie.khiedirect.org
Re: Referral
03/14/2017

Brandi Genoe
brandi.genoe@khie.khiedirect.org
Fwd: FWD:
02/22/2017

From: brandi.genoe@khie.khiedirect.org sent by Brandi Genoe

Subject: Re: XD* Originated Message XDM/1.0/DDM/Unpacked

Date: October 27, 2016 10:14am CDT

To: CareConnect@pathways-ky.hin.us

2D4469E0-7343-48B0-97B8-71DF839C293B.XML View Download

I was able to view and download the attached ccd. Thank you!

On 10/27/2016 10:02:39, CareConnect@pathways-ky.hin.us said:

Please find the attached XDM file.

CareConnect@pathways-ky.hin.us to Brandi.Genoe@khie.khiedirect.org
XD* Originated Message XDM/1.0/DDM/Unpacked

2D4469E0-7343-48B0-97B8-71DF839C293B.XML View Download

Inbox
October 27, 2016 10:02am CDT



KHIE's Direct Secure Messaging Catalog

Direct Provider Search

* Enter your direct email address:

First Name:

Last Name:

Specialty:

City:

County:

Organization Name:

Organization Type:

☐

* I agree to the [terms and conditions](#)

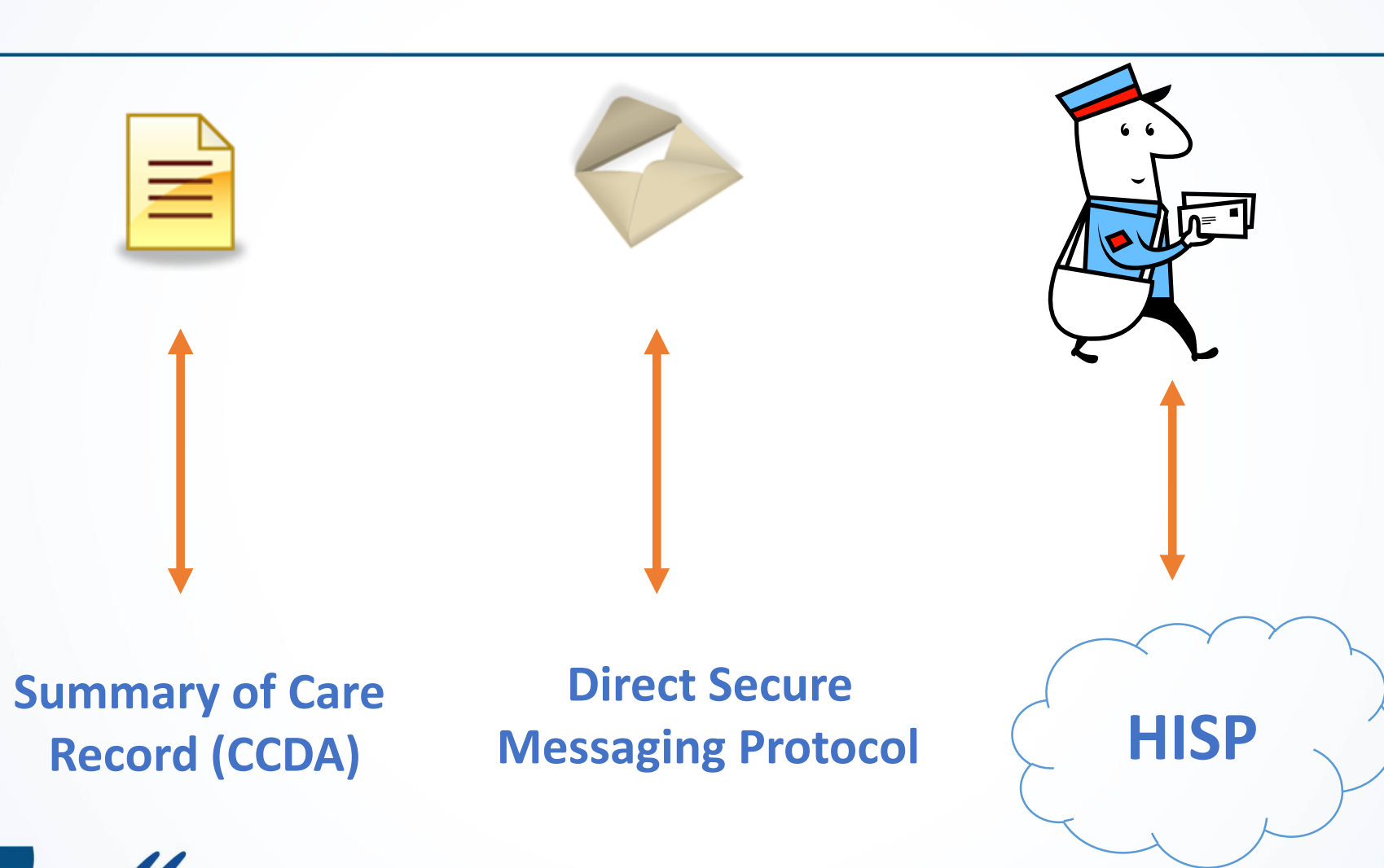
Search Provider

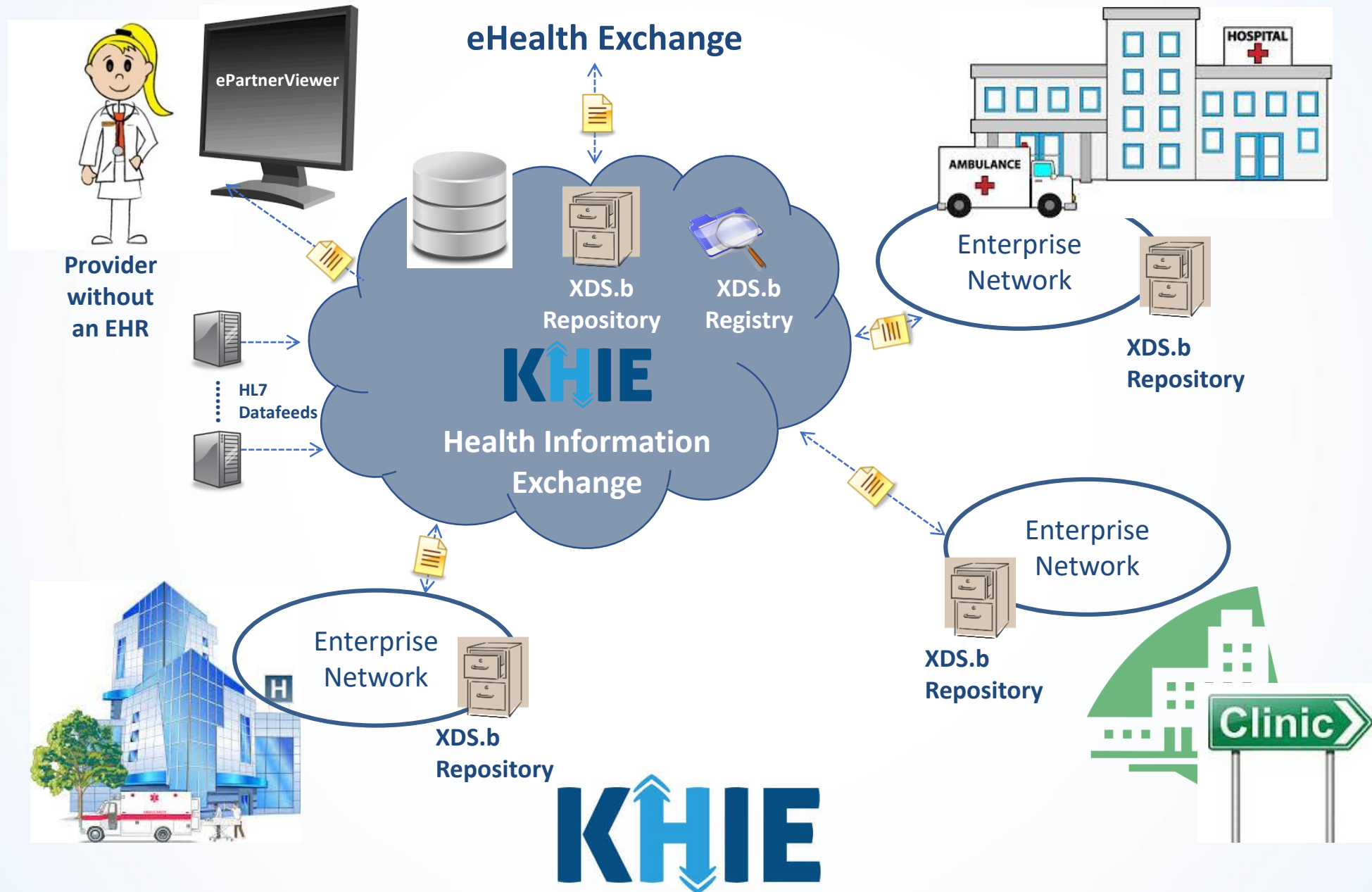
Clear Search

A Direct email address is required to perform the search. A search can be performed on one or multiple fields. The search results are sorted by the last name of the provider and can be filtered by last name using an alphabetical filter.



Health Information Service Provider





Stage 3 Promoting Interoperability

Direct & KHIE Platinum Service

Stage 3

- Objective 7: Health Information Exchange

Public Health & Clinical Data Registries

Stage 3

- Objective 8: Public Health & Clinical Data Registry Reporting



Quality Payment Program / MIPS

Public Health & Clinical Data Registry

Promoting Interoperability Performance Category

- Public Health & Clinical Data Exchange

Direct & KHIE Platinum Service

Improvement Activities Performance Category

- Practice Improvements for Bilateral Exchange of Patient Information
- Electronic Health Record Enhancement for BH Data Capture

Promoting Interoperability Performance Category

- Health Information Exchange





Questions?

Thank You!

THANK YOU!

Please fill out your online survey and drop name tags in box on your way out.



KENTUCKY

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.